VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4567

CERTIFICATE OF DEATH

04513 Reg. Dist. No. 305

1. PLACE OF DEATH COUNTY Wast	nington		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  Frederick							
b. CITY OR TOWN (III RURAL and give ne	f outside corporate limi	ts, write	C. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If a	utside carpor	ate limits, write R				n)
Boonsl	poro		18 months	Mic	ddlet	town	10 x 2 2				1
d. NAME OF HOSPIT. OR INSTITUTION Reeder	At (If not in hospital, g Nursing	ive street Home	address)	d. STREET A	DORESS						FARM?
3. NAME OF DECEASED	Fir	st	Middle	Lost	1	4. DATE	Mon	th	Da	10	Yeor
(Type or print)	E.		Walter Bea	chley		OF DEATH	1,		19	,	1957
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	1		9. AGE (In years	IF UNDER		IF UND	
male	white	WIDOWI	ED DIVORCED	7/10/1	871		host birthdoy) yrs.	Months	Doys	Hours	Min,
100. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State	ar foreign co	untry)	12. CII	IZEN O	F WHAT	COUNTRY
store owne			grocery sto	re Ma	rvlar	nd			11	s.	
13. FATHER'S NAME			7 700	14. MOTHER'S	and the same			.,		4 - 4	
Ezra Bea	achlev			Sa	rah S	Sanne	ייך				
15. WAS DECEASED EVER	IN U. S. ARMED FOR			INFORMANT			Addi				
(Yes, no, or unknown)	If yes, give war or deter of h	nrvice)	none M	Irs. Flo	yd Ma	ain, l	Middlet	own,	Md		
Conditions, if are gave rise to in cause (a), stating I lying cause last.	he under-	74	pertusio			i sele	carrie				
CAT			CONTRIBUTING TO DEATH BU					EN IN PAR	r 1(a) 19	PERFO	AUTOPSY DRMED?
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in P	ort I or Port	II of item 18.)				
20c. TIME OF INJURY Hour e. /1. p. m.	Month, Day, Yes	While	_ Not while_	LACE OF INJURY () actory, street, affice	tome, form, bldg., etc.	20f. (City	or town)	(I	County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	or. J. El	. 12 <i>-</i> ////////////////////////////////////	ir Harp	M.D.	5:00	4M, from	Late	nd on th	lost so he dot	te stote	deceased ed above ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) DUPLAL	4/21/1	957	Reformed C				on (city, town, o			(State	e)
Gladhill		dlet	ADDRESS Cown, Md.			BY REGISTR	B.	TRAR'S SIG	SNATUR	£.x	

- APR 23 1957

wastered (AM) and the market of the Land

	ely filled in by the funeral director,	Pages I and I juid be filed with	(
	y the attending physicion and camplet	. Then please remove carbon popers.	event within 72 hours ofter death.
יים בל ייוב ויים לו מוים מוים לול אול אול אול אול אול אול אול אול אול	INFETOR: After this certificate has bren signed b	page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 7 yuld be filed with	prior to burial, cremation, or remaval, and in any
וווחל הם זבוחוו	TO FUNERAL D	poge 3 shoul	the registrar

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

			CERTIFIC.	AIE OF L	EAIL			Reg. D	ist. No.	202	
PLACE OF DEATH	Washington		MARYLAND	2. USUAL RESIG	Md.	ere deceased	lived. If instituti b, COUNTY			re odmiss gton	
RURAL and give r	(If autside corporate lim nearest tawn) *Stown	its, write	c. LENGTH OF STAY IN 16	32		ewn, M	ote fimits, write f d	URAL and	give nec	scest fowe	1)
d. NAME OF HOSPI OR INSTITUTION	mons Ave.	give street	oddress}	d. STREET A	DDRESS	ns Ave					SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Grac	nst C	Middle May	Benedick	1	4. DATE OF DEATH	Mar 4	ith	Do		Yeor 19 <b>57</b>
s. sex female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	, 189	_	AGE (In years lost birthdoy)  66 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
during most of war	ON (Give kind of work rking life, even if retired <b>SEWLIE</b>	dane 10b.	kind of Business or Indi		ACE (State o		intry)	12. C		SA	COUNTRY?
13. FATHER'S NAME	ames Kelmer			14, MOTHER'S	MAIDEN N						
15. WAS DECEASED EV	ER IN U. S. ARMED FOI Ill yes, give wer or dotes of			INFORMANT	Benedi	ct Ir.	Add Hage	ress rstow	m. M	d.	
PART I. DE. 420. / Conditions, if a		,	ne for)(o), (b), and (c).]	Ry Ff	Re	who	nis		ONS	12	TWEEN PEATH
gove rise to couse (o), stating lying couse last.	the under-	=)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
O (IF EITHER, NOTIFY	AS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of	f injury in P	ort I or Port	(i of item 18.)				PRMED?
20c. TIME OF INJU Haur e. m. p. m.	RY Month, Doy, Ye	or 20d. It While of wor	_ Not while	LACE OF INJURY II	lome, form, bldg., etc.	20f. (City	or town)		(County)		(Stole)
21. 1 certify to olive on	hat strended the	deceas	ed from 4/2/ , and that death	h occurred at			the causes of the courses of the courses of the courses of the course of	and any		te stote	deceased ed above ATE-SIGNED
NAME (Type)	I, 226. DAYE THERE		22c. NAME OF CEMETERY	OR CREMATORY		22d LOCA	ON (City, town,	or county)		(Stot	e)
burial 23. FUNERAL DIRECTOR	4-6-57		ADDRESS ROSE	Hill	0.		Alto	STRAR'S S	CNATA	Pa	•
Fred W. Kr		ersto	wm . Md.		are A	8 195	1 12 . 14	A A	B		erol

TREE OI AGA

BUREAU V.

glolbane L

1995 EL Day

- 57 MINESTER LE

d Lat Verne

gin AGYOTA USE

Harris A. Denillet Jr. Hardmiten, Dd.

Lill dept Mill Told 1211

80.190

Dr. Westerness Related & Sort

the state states

BUREAU V. E.

Vol 88 89 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU K. E.

7961 PS A9A

BECENDED

And wintered large and

	TATE DEPARTME L EXAMINER'S						45	17
Hashington	MARYLAND		ence (Where deced	sed lived, If institu b. COUNT				
VN (If outside corporate limits, write EUEAL It town) I TOWN, R.C.	c. LENGTH OF STAY IN 16	1	own (If outside con	porote limits, write		nd give n	egrest to	mn)
ospital OR INSTITUTION (IF not in hospital or in ho	ital, give street address)	d. STREET ADI	Karmon	Alley			ON	A FARM?
Carl.	Middle Frankline	Broadus	4. DATE OF DEATH	Montil 4	h	Doy 1.7		957~
Celored WIDOWED	DIVORCED D	April 1	1923	9. AGE (In years last birthday) 34. yrs.	Months	R TYEAR Days	Hours	ER 24 HRS. Min.
PATION (Give kind of work done 10b, KI rorking life, even if retired)	nd of Business or Industr r Washer	Lutas  14. MOTHER'S MA	r. Va.	country)		TIZEN OF	F WHAT	COUNTRY?
I Iff yes, give wor or dates of service)	OCIAL SECURITY NO. 17, IN	Virgi Pormani Phn Bres		re Address Ferest		ers	town	n, Hd
DEATH [Enter only one couse per line for DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)		1 Wow	nd of	Led		INTER	VAL BETWE	EN JH
if any, which the underlying DUE TO (c)			F			- en	st.	1
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	IOT RELATED TO TH	E TERMINALDISEAS	SE CONDITION GIV	EN IN PA			AUTOPSY PRMED? NO 2
CAUSE WAS CONTRIBUTING D 206. DESCRIBE	HOW INJURY OCCURRED. (E	nfer nature of injur	y in Port I or Port II	of item 18.)	26	1.	Yar	

200. EXTERNAL PRIMARY OF DE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) While Not while 14 p. m. at work at work 19 1

Accident

20f. (City of town) (County) (Stole) 21. I certify that I toak charge of the remains described above, held an Autapsy Inspection Inquiry and find that Suicide Hamicide Undetermined cause

ACTUAL SIGNATURE EXAMINER'S

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

DIATE BIGNED

(State)

22b. DATE THEREOF 220. BURIAL, CRÉMATION. 4-21-1957

death resulted from: Natural causes

22c. NAME OF CEMETERY OR CREMATORY Family Cemetery

22d. LOCATION (City, town, or county) Va Luray

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

PLACE OF DEAT o. COUNTY b. CITY OR TOV and give nears Eagers d. NAME OF HO 51 NAME OF DECEASED (Type or print)

5. SEX

10o. USUAL OCCU during most of v Labere 13. FATHER'S NAA Casne 15. WAS DECEASE

> ves 18. CAUSE OF PART I.

CERTIFICATION

MEDICAL

10)

Conditions. gove rise to i (a), stoling couse lost. PART II

**ADDRESS** 

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

BUREAU V. S.

7261 PS 84 1957

BECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ENIREAU V. E.

7291 8 YAM

BECEINED

VS A15 (4) 1SM 9/55

		-		D.
שלוא: וויפ וכא ופל הוילי ווים חברונו לפיוויולתופ כל פאפרתופת אוווויון לא זיכנון מפליווי. נכלפ א		ertificate has been signed by the ottending paysicion and camaletely filled in by the funeral director,	as the burial-transit permit. Then please remove carbon papers. Pages I and I ald be filed with	
13 01161		9	2 P	è
70 77 111		Fille in	iges I on	
THE DOING		:mm_letely	opers. Po	194
זוב מב בצב		cion ond	carbon p	the property of the same and the last the same and the sa
20111122 11		ding pllysi	ise remove	- 79 tons
200		The offend	Then plec	Talent American
1000		igned by	permit.	
101 101	attending physician.	os branes s	al-transit	Sand land
	tending	ificote hi	the buri	
á	ō	1	50	ı

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, J. 2518 CERTIFICATE OF DEATH 4518

Reg. Dist. No.

-1	1. PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceased lived. If institution, if	Residence before admission)
	Washington	MARYLAND	Maryland	Washingto	on
	b. CITY OR TOWN (If outside corporate fimits, a RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURA	L and give nearest town)
ı	Hagerstown	3 Yrs	Hager	cstown	
	d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d STREET ADDRESS		IS RESIDENCE     ON A FARM?
	20 West Eranklin	St	20 West I	Franklin St	YES NOTE
	3 NAME OF First	Middle	last	4. DATE Month	Day Year
	(Type or print) FRANK	NEWTON	BYWATERS	DEATH April ]	16 1957 19
ı	S SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
ı	Male White w	IDOWED DIVORCED		lost birthdoy) Mo	onths Days Hours Min
	10a USLAL OCCUPATION (Give kind of work don	e 106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Laborer Home Consti	ruction Corp	Luray V	Va.	USA
-	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
7 0	George E. Bywa	ater	Rebecc	ca Gouchenour	
	15' WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown)   (If yes, que wag or dains of service)		NFORMANT	Address	
7	Yes W#1	212-03-1398	irs Lydia By	ywaters 20 W.	Franklin St
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	Hagers	town La	INTERVAL BETWEEN
1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				ONSET AND DEATH
1	1 X DUE 10			11	
1	Conditions, if any, which ) (b)	arcinoma	Csop	helin	6 2m
	gove rise to immediate DUE TO		,"		
	lying cause lost. (c)				
	PART II. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAT				YES NOZ
	Part II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in f	ort I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED 20e. PU While Not while fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
	p. m. 19	of work at work	•		
	21. I certify that I attended the de	eceased fram	36, 19 , 10 5	(-/6, 19:37,1h	nat I last saw the deceased
	alive on 4 - 13 - 57.	, 12, and that death	accurred at R	M, fram the causes and	an the date stated above.
-1	1 5001	1 X	_ // '	ADDRESS (Street, city or town, state	DATE SIGNED
	SIGNATURE ALL MAN	Servi 2	M.D.	religion My	1/18/37
-	PHYSICIAN'S	0.9%	0/1//	1 20	41.1
	NAME (Type)	aum j	JA0512	were the	
	220 BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or co	ounty) (State)
	Burial  4/19/57	Boonsboro C		Boonsboro Was	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			R'S SIGNATURE
	Andrew K. Coffnan H	Hagerstown .d.	000	2.20,195/6/m	of Brown

BECEIVED

BUREAU V. K.

7561 83 84V

K

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMOR	E 11
MAKILAND	SIAIE DEPARTMENT	OF HEALTH-BALTIMOK	,E, 19

519	CERTIFICATE	OF DEATH

() 452() Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY			2. USUA	RESIDENCE (W	/here deceased	Lived, It institut		before ad	mission)
Washingt	on	MARYLAI	0. ST/	Marvl	anel	b. COUNTY		insta	n
b. CITY OR TOWN (If outside co	rporote limits, write	c. LENGTH OF STAY IN	16 c. CII			rote limits, write I	RURAL and gr	ve nearest 1	own)
RURAL and give nearest town		21 days	03	Hager	stawn				
d. NAME OF HOSPITAL (If not i	n hospital, give street			REET ADDRESS	0 00111	-		e IS	RESIDENCE
Martin Janor Co			-	800 Was	hington	n Ave.			N A FARM?
3. NAME OF	First	Middle		Last	4. DATE	Mo	nth .	Day	Year
(Type or print) ROBER	T	BARTON	C	RLISLE	OF DEATH	April		22	19 57
5 SEX 6 COLO	OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE O	F BIRTH		9 AGE (In years		YEAR IF U	NDER 24 HRS
male whit	e widow	ED 🔼 DIVORCED [	Decer	nber 16,	1867	lost birthday)	Months C	Pays Hai	ars Min
10a USUAL OCCUPATION (Give kinduring most of working life, ev	nd of work done 10b	KIND OF BUSINESS OR II	NOUSTRY 11 B	RTHPLACE (Stor	e ar fareign co	ountry)	12 CITIZ	EN OF WI	TAT COUNTRY
Plumber		Self Employed		etersvi	lle, Ma	aryland	U.	S.A.	
13. FATHER'S NAME		THE PLANT OF THE PARTY OF THE P		THER'S MAIDEN	NAME				
Robert B	. Carlisle	9		Sa	rah Gar	rrett			
15. WAS DECEASED EVER IN U. S.	and the same of th		17. INFORMAN	r		Add	ress		
no	or or dones or service)	VONE	Mrs. Gr	ace C.	Storex St	tout Hag	erstow	n, r-d	•
18. CAUSE OF DEATH [Enter	only one couse per l	ne for (a), (b), and (c).]							BETWEEN
PART I. DEATH WAS C	AUSED BY:	terioscler	otic H	eart D	isease	Э			ND DEATH etermi
	DUE TO	<del></del>						ate	2 64 64 4 141
Conditions, if ony, which	) # UTT 7	ertensive	dardio	Tunger	an Ren	nal Dis	ea 0	inde	termin
gave rise to immediate	DUE TO	er deller ve	<u>Quialo</u>	THOULE	17 8101			ate	0 6 2 133 2
lying couse lost.									
	CANT CONDITIONS	CONTR BUTING TO DEATH	BUT NOT RELA	ED TO THE TERM	AINAL DISEASE	CONDITION GI	VEN IN PART	161 19 W	AS AUTOPSY
DITA				10 10 11/2 12/11/			VEST STEPRE	PE	NO M
20g ACCIDENT WAS UNDERLY	ING TI 206 DES	CRIBE HOW INJURY OCCU	JRRED. (Enter n	ature of injury in	Part Lar Part	II of item 18.)		,,,,,	
PART II. OTHER SIGNIF  200 ACCIDENT WAS UNDERLY OR CONTRIBUTING D CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH XAMINER)		, , , , , , , , , , , , , , , , , , ,						
		NJURY OCCURRED 20	e. PLACE OF IN	JURY (Home, far	m, 20f. (City	or lown)	(Co	unty)	(State)
20c. TIME OF INJURY Month, Hour e. m.	While	Nat while		, office bldg., at			(40	VIII 7 3	(3,0,4)
	ol wo								
21. I certify that I atte	nded the deceas								
alive on April 1	6 195	$\mathcal{I}_{}$ and that de	eath occurre	d <u>alli</u>	OFM, from	n the causes i	and on the	date st	ated abav
1/1	1	1 /10			ADDRESS (St	reat, city or town,	state)		DATE SIGNE
SIGNATURE	& Kilyrio	in Vost	M.D. ILC	O Prof	ession	nal Art	s. Bl	dg.	4-24-5
PHYSICIAN'S	*			30					
NAME (Type) William		ynan, M.D.	Ha	gorato	ма			rar	yland
270. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETER	RY OR CREMAT	DRY		ION (City, town,	or county)	(:	Stole)
Burial 4/	25/1957	Rose Hill	Cemeter	V	Hage	erstown,	7	Taryla	ind
23 FUNERAL DIRECTOR'S SIGNATE	RE II	ADDRESS		240. REC	D BY REGIST		STRAR'S SIGN	ATURE_	
Suter-Rouzer ru	Heral Home	Hagerstown	. Md.	Sol.	10791	947 16	ALL	43.	4. 101

DECEIVED STAN

BUREAU V. S.

CERTIFICATE OF DEATH 4520 Reg. Dist. No. al director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY 6. COUNTY Washington Maryland Washington MARYLAND era b. CITY OR TOWN (If outside corporate limits write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown)
Hagerstown Hagerstown Fid. lid. yrs. d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARAS? 408 Summit 408 Summit Ave. AVe. YES NO. NAME OF Eirst Middle. 4. DATE Month Year DECEASED Mrs. DEATH (Type or print). Hannah Mic Carson April 19 57 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 83 vrs Hours Female WIDOWED TA DIVORCED [ June 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or fore an country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Williamsport Md. U.S.A Home carbon p ŏ after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician c emave carb hours after Walter B. Mc Coy Clara Ardinger IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Summit Mrs. J. Howard Rohrer No None 18 CAUSE OF DEATH [Enter only one couse per sine for (a), (b), godf(c)-INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) DUE TO á Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES 🗍 NO 200 ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stofe) factory, street, office bldg., etc.) Hour e.m. While Not while ol work ol work 1957 that I last saw the deceased 21. I certify that I attended the deceased framand that death accurred at 850 alive an 12 (UMY .M. from the causes and an the date stated above. ABDRESS (Street, city or town, state) ACTUAL SIGNATURE retained S should PHYSICIAN'S FUNERAL NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22b. DATE THEREOS 22d LOCATION (City Town or county) (Stote) Rose Hill Cemetery Hagerstown Mid. 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR

haurs ofter death.

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

SECEINED

O HOSPITAL OR

BUREAU V. S.

DECEINED

BUSEAU V. R.

7261 11 AAA

DECEINEL!

				MARYLAND	STATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 18	0452
B. COUNTY Washington  MANTANO  b. CITY OF TOWN If outside corporate limits, write RURAL and give necessations  RURAL to COUNTY Washington  LOUND AND AND AND AND AND AND AND AND AND A	I BA			4571	CERTIFICA	ATE OF DEATH		Reg. Dist. No 304
B. CITY OF TOWN If ourside corporate limits, write RURAL and give necessal fown)  Hancock  d NAME of PROSTRIAL (if not in hospital), give street oddress)  J. STREET ADDRESS  A STREET ADDRESS AND STREET ADDRESS  A STREET ADDRESS AND STREET ADDRESS A		1.	a. COUNTY	hinkton	MARYLAND	O. STATE		
d NAME OF HOSPITAL (If not in hospital), give street oddress)  27 Brent Street  27 Brent Street  3. MANE OF DECTASED  18 DATE  18 DATE  19 DEATH  23 19 57  5. SEX  5. SEX  6. COLOR OF RACE  19 AND OF DEATH  10 DIVORCED  10 DIV			RURAL and give near	est tawn)				
S. NAME OF DESTRICT OF STATE AND COLOR OF RACE   7. MARRIED   NEVER MARRIED   DEATH   DEATH   APTI   23 19 57    5. SEX   S. COUR OR RACE   7. MARRIED   NEVER MARRIED   DEATH   DEATH   APTI   23 19 57    5. SEX   S. COUR OR RACE   7. MARRIED   NEVER MARRIED   DEATH   DEATH   APTI   23 19 57    100. USUAL OCCUPATION (Give kind of work done   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (Stole or foreign country)   12. CHIZEN OF WHAT COUNTRY.   100. USUAL OCCUPATION (Give kind of work done   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (Stole or foreign country)   12. CHIZEN OF WHAT COUNTRY.   12. MARRIED   Marry   12. CHIZEN OF WHAT COUNTRY.   13. MARRIED   Marry   14. MOTHER'S MADEN NAME   Marry   14. MOTHER'S MADEN NAME   MARRIED   Marry   15. SOCIAL SECURITY NO.   17. BINFORMANT   Address   15. Marry   16. SOCIAL SECURITY NO.   17. BINFORMANT   Address   16. Marry   1	M	-		(If not in hospital, give stree	t oddress)	d. STREET ADDRESS	ot Street	ON A FARM?
5. SEX    S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9 AGE (In years   IFUNDER 21 HEX   IFUNDER 21 HE			DECEASED	First			4. DATE Month	
Tool Service   Divorces   10.5   10							9 AGE (In years IF	UNDER TYEAR IF UNDER 24 HRS
HOUSEWISE HOUSEWISE HOUSEWISE Pennsylvania J. S. A.  HOUSEWISE PENNSYLVANIA J. S.		100	USUAL OCCUPATION	(Give kind of week done 10th		J. U / J. J / J. U / 7	77 yrs. (	6 8
Michael M. Boop  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one cause per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if any, which gove rise to immediate coute (o), stating the under- lying coute lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19 WAS AUTOPSY PERFORMED?  YES NO  20. ACCIDENT WAS UNDERLYING DO DEATH III. ETHER, NOTIFY MEDICAL EXAMINER  20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While ITHER, NOTIFY MEDICAL EXAMINER  20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of work.  21. I certify that traitended the deceased fram.  19. Type of work of the work of work.  21. I certify that traitended the deceased fram.  19. Type of work of the work of work.  21. I certify that traitended the deceased fram.  19. Type of work of the work.  22. Type of work.  23. Type of work.  24. Type of work.  25. Type of work.  26. PLACE OF INJURY (Home, fram.)  26. PLACE OF INJURY (Home, fram.)  27. Type of work.  28. Type of work.  29. Type of work.  29. Type of work.  20. DATE SIGNE SIGNATURE  M.D. METALLIANDER  M.D. DATE SIGNE  METALLIANDER  META	1		Housewi	g tire, even it retired)		Pennsylv	vania	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY:			Michael			Mary J. I	Divelbliss	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE 0.]  DUE TO  Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COURSED OR CONTRIBUTING CAUSE OF DEATH II. OTHER CONTRIBUTING CAUSE OF DEATH II. OTHER CONTRIBUTING COURSED ON CONTRIBUTING CAUSE OF DEATH II. OTHER CONTRIBUTING COURSED ON CONTRIBUTION COURSED ON COURSED ON CONTRIBUTION COURSED ON COURSE	1	15. (Ye	WAS DECEASED EVER II	N. U. S. ARMED FORCES? 16	220 01 (020 -			
Couse (a), stating the under:    Solid					line for (o), (b), and (c).]	Homoreka		INTERVAL BETWEEN
Course (a), stating the under.    Signature   Due to   Sying course lost.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19 WAS AUTOPSY PERFORMED? YES NO   PERFORMED. YES NO			LUSX	DUE TO	Vandon don die	Car line	and and a	3 /20-20
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH O			gove rise to imm couse (o), stating the	under. DUE TO	01	a Caración	- KACKELO COLL	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	1	CATION	PART II. OTHER		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	PERFORMED?
21. I certify that rattended the deceased fram 4/20/5/, 19.57, to 4/23/5/, 19.57, that I last saw the deceased alive on 4/23/5/, 19.57, and that death occurred at 5/50M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  BUYSICIANES			20a. ACCIDENT WAS OR CONTRIBUTING [	UNDERLYING  CAUSE OF DEATH EDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE	). (Enter nature of injury in Por	rf t or Port II of item 18.)	
alive on 423/57, 19 57, and that death occurred at 5 45 DM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE  SIGNATURE  M.D. HOLLOW  M.D. HOLLO		MEDICAL	Hour o. ft.	White	Nat while foo	ACE OF INJURY (Hame, farm, tory, street, affice bldg., etc.)	201. (City or town)	(County) (Slote)
SIGNATURE John Wilson M.D. Howard Meryland 4/29/5			4	rattended the decea		occurred at 5 450	M, from the causes and	d on the date stated above
PHYSICIAN'S NAME (Typo)				shu W	Lilson	N.D. House	DORESS (Street, city or town, sto	Mand 4/24/5
			PHYSICIAN'S NAME (Type)				, 0	/ /
		23.	A STATE OF THE PARTY OF THE PAR	SIGNATURE	ADDRESS	240. REC'D		
			T) MARKA	- ALINA	x junes	DATE H	7	1 Lecco

ENBEYN K. F.

7861 & YAM

BECEINED

Reg. Dist. No.

	Washington	MARTLAND	Maryland	washing ton	
	b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL and gi	ive nearest town)
	RURAL and give nearest town) Hagerstown	3 Mos	Hacer	stown	
-	d. NAME OF HOSPITAL (If not in hospital, give street a		d. STREET ADDRESS	5 00 111	. IS RESIDENCE
	OR INSTITUTION	b n 7	. 345 No P	otomac et	YES NO DE
-	Wash. County Hospi			1	113 11 NO 11
	NAME OF First DECEASED	Middle	Last	4 DATE Month	Day Year
-	(Type or print) ANNA	BELLE	COFFMAN		.957 19
5	SEX, 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS
	Female White WIDOWE	DIVORCED [	April 2 187		Days Hours Min
100	USUAL OCCUPATION (G ve kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slote	or foreign country)   12. CITI	ZEN OF WHAT COUNTRY?
Y	during most of working life, even if retired) HOUSEWITE	Own Home	Hagersto	wn Wash. Co Md.	USA
113	FATHER'S NAME	7 W 21 11 11 0 W 20	14 MOTHER'S MAIDEN N		ODA
/					
		stetter		a Sprecher	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Address	
L	No	None Mra		lendhal 2 Roessne	r Ave
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]	hag rate	wn Ed.	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	erehral	Thrench	*	ONSET AND DEATH
	332 X DUE TO		111111111111111111111111111111111111111	0.1.1	0 1110
		andre I	1		11 1 10
	Conditions, if ony, which   (b) A	1-151-18 1C	12 201 9		4411
	cosse (o), stoting the under DUE TO	0	* ** **	1 5	1.51. 4
	lying couse lost. (c)	1.5 L.C. TIZ	ING ASIC	MIST DIRECTO	12 41.1
Ö	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUT NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
13					YES NO
CERTIFICATION	20g ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	ort I or Port It of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	, 20f. (City or tawn) (Co	ounty] (State)
ä	Hour o.m. 10 While	Not wille	ctory, street, office bldg., etc.		(,
2	p. m. IV of work	t of work		1	
	21. I certify that I attended the decease	ed fram. CCT_/_	, 19.5 Z, ta A	127, 1957, that I le	ast saw the deceased
	alive an APril 17 195	and that death	accurred at // A	M, from the causes and an th	e date stated obove.
	(h)	11		ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE CO.	c// 22.	un 9 to W	Actorse	ct.
	1 \	111			
	PHYSICIAN'S NAME (Type) 215 4	To To bear	HAGI	estellan. Mil	
720	BURIAL, CREMATION, 275. DATE THEREOF	22c. NAME OF CEMETERY O	D COEMATORY	22d. LOCATION (City, town, or county)	(24-4-1
	REMOVAL (Specify)				(Stote)
	FUNERAL DIRECTOR'S SIGNATURE	Rest Haven		Hagerstown Wash.	GO Mg
23.			111	BY REGISTRAR 246. REGISTRAR'S SIGI	NATURE SELVI
	Andrew K. Coffman Ha	gerstown Md.	610926	, JOHN MO BOSHIL	Occure 100
			-		

VS A15 (4) 15M 9/55

2 .V UAJRUĄ

5001 S YA;

PRINCE!

	_/	
1	15)	7
/	Y	
g.		
		1

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4599

CERTIFICATE OF DEATH

Dr wells

04526

2066	GEI/III I GI	AIL OI DEAII	Reg. Di	ist. No. 302
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Marvland	ere deceased lived If institution; Resider b, COUNTY Washing	4.
b CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and	
Hagerstown	4 Yrs	Hagerst	own	
d. NAME OF HOSPITAL (If not in hospitot, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
or institution So Locust St		137 So	Locust	YES NO K
3 NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) FRANK	ALVIN	COSS	DEATH April 26	1957 19
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years IF UNDER	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
Male White WIDOW		July 30 18	90 66 713	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of	or foreign country) 12. Cf	TIZEN OF WHAT COUNTRY
	Retired		lle Wash. Co Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Samuel Coss			rthur	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no. or unknown]   (II yes, give wor or dates of service)	SOCIAL SECURITY NO. 37	INFORMANT	Address	
No 71	<u>4-05-6867   M</u>	argaret Cos	s 137 So Locust	at
18. CAUSE OF DEATH [Enter only one couse per fi PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c) }	Hagerstown	Md.	INTERVAL BETWEEN ONSET AND DEATH
DUE TO	gretrioscle	erotic coronar	y heart disease	
Conditions, if ony, which }		0.0000 00000000000000000000000000000000	3 12000	
gove rise to immediate DUE TO	acute coro	nary occlusion		lhr
lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH III ETHER, NOTIFY MEDICAL EXAMINER	NAL DISEASE CONDITION GIVEN IN PAI	RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO M		
	art I ar Port II af item 18.)			
		LACE OF INJURY (Home, form, sclory, street, office bldg., etc.)	20f. (City or town) (	(County) (Stote)
Hour o.m. none 19 While of wor	ridi willie	None	-	-
21. I certify that I attended the decease	ed from Octo	ber, 19 40, ta	April 26, 19 57, that I	last saw the decease
olive on April 1 19			M, fram the causes and an t	
2000			ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE SIGNATURE	helles	4n 115 N. P.	otomac Street	4-77-57
PHYSICIAN'S S. Robert /	ells, M.D.	He gers	town, Maryland	
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or county)	(Stole)
Burial 4/29/57	Rose Hill	Cemetery	Hagerstown id.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246, REGISTRAR'S SI	
Andrew K. Coffman Hage	erstown Ld.	bacs:	30,1957 Johnsoff	Bowers

S 1957

VS. A15ME(5) SM 9/55 I

M

04527

Reg. Dist. No. 302

o. COUNTY		2. OSUAL KESIDENCE (Where doce		nce perore admission)			
WASHINGT'ON	MARYLAND	o. STATE MARYLAND b. COUNTY ASHINGTON					
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
HAGERSTOIN	MINUTES	BOONSBORO	)				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
WASHINGTON COUNTY H	OSPITAL	SOUTH MAIN	YES NO				
3. NAME OF First First	Middle	Last 4. DATE	Month	Day Year			
(Type or print) HATTIE	S.	CRONISE DEATH	APRIL 19 19	57 19			
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER I				
FEMALE WHITE WIDOWED	DIVORCED A	UGUST 28 1898	58 yrs. Months	Days Hours Min			
10a. USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign	country) 12. CIT-2	EN OF WHAT COUNTRY			
FLORIST SEL	F EMPLOYED	BCONSBORO WA	SH.CO.MD. U.	S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
ESBY CRONISE		ANNIE SMIT	Н				
	CIAL SECURITY NO. 17. IN	FORMANT	Address				
NO ST	4 36 0322 L	EO CRONISE BOO	NSBORO WASH.	CO.MD.			
18. CAUSE OF DEATH [Enter only one cause per line for				INTERVAL BETWEEN			
PART 1. DEATH WAS CAUSED BY:	( 1	you was the	, ,	ONSET AND DEATH			
2 · DUE TO		<u> </u>	William Control of the Control of th	-4 -2			
Conditions, if ony, which)	75	of the state of	1	101 6			
gove rise to immediate couse		0					
(a), stating the underlying out to							
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINALDISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY			
CATIC				YES NO P			
PART II. OTHER SIGNIFICANT CONDITIONS CONT  20g. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING   20b DESCRIBE H CAUSE OF DEATH.	OW INJURY OCCURRED (Er	nter nature of injury in Part I or Part I	I of item 18.)				
FRIMARY OF CONTRIBUTING CAUSE OF DEATH.							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJ		E OF INJURY (Home, form, 20f (Ci	ty or town) (Cau	nty) (State)			
20c. TIME OF INJURY Month, Day, Year 20d. INJ Haur a. m. While of work of work	Not while tocto	ry, street, office bldg., etc.)					
21. I certify that I took charge of the ren		re, held an Autopsy .	Inspection / Inquiry	y . and find tha			
death resulted from Natural causes PT.	presing		Indetermined cause				
	W 5						
ACTUAL OF COMMENT	11:00	M.D. CHIEF MEDICAL EXAMINER	1 11	DATE SIGNED			
SIGNATURE - VA C C C C C C C C C C C C C C C C C C		ASSISTANT MEDICAL EXAMIN		7 7			
EXAMINER'S NAME (Type)	112 6	DEPUTY MEDICAL EXAMINER					
220- BURIAL, CREMAT-ON, 22b. DATE THEREOF 22	C. NAME OF CEMETERY OR	CREMATORY 22d. LOC	ATION (City, town, or county)	(State)			
BURIAL APRIL 23 195	7 BOONSBURO	CEMETERY BOON	SBORO WASH.C	O.MD.			
23. FUNERAL PIRECTOR'S SIGNATURE	ADDRESS	240, RECID BY REGIS	TRAR 246. REGISTRAR'S SIG	NATURE			
Vast-level Trove 73	ooustry /	10 - Shee 24.1	951 lokast	750cucha			

BUREAU V. F

NPR 26 1957

Waynesboro, Pa.

filed death. 20 hours allter pup within Duo carbon physician that permit. burial-transit CTOR DIR hould C 5 0 VS A15 (4) 15M 9/55

a. COUNTY

NAME OF

DECEASED (Type or print)

female

5. SFX

CERTIFICATION

**ACTUAL** SIGNATUR

PHYSICIAN'S NAME (Type)

BuriaJ

B.V UABRUA

المالة والمالا المالا

VS A15 (4) 15M 9/SS

1	The second
ector,	T M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Binkford

**CERTIFICATE OF DEATH** 

4594

()4529

302 Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	a abinatar		MAR	YLAND	2. USUAL RESI	pence (wh		lived. If institution b. COUN	utioni Reside	nce before	odmission)	
b. CITY OR TOWN (if outside corporate limits, write   c. LENGTH OF ST.					IN 1b	o. Waryland b. COUNT Washington  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						ost town)	
	RURAL and give ne			2 Hrs	~1 =	Hagers town. Md.							
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS				0.	IS RESIDENC	E
	Washington Co. Hospital				1742 Gordon Road						ON A FARM? YES NO NO		
	3 NAME OF DECEASED	Fir	st	Middle		DAVISON	4. DATE OF	М	onth	Day	Year		
	(Type or print)	BLOTCE		COSMO			DEATH	1	April 2		19.5	7	
	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	8. DATE OF BIRTI	н		9. AGE (In year	IF UNDE		F UNDER 24 H	
	Male	White	WIDOW	ED DIVORCE	D 🔲	May 5,	1899		57 y		Days	Hours Mi	n,
0	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHPL	ACE (State o	ar fareign co	untry) Oh	10 12. CI	TIZEN OF	WHAT COUN	ITRY?
	1 100 4	r Of Serv				Gree	envil	le Da	arke C	0	USA		
	13. FATHER'S NAME					14. MOTHER'S			42000			·	
_	Claude	E. Daviso	าท			Emi	ra Me	dford	3				
	15. WAS DECEASED EVER			SOCIAL SECURITY NO	17. H	NFORMANT	<u> </u>	<u> </u>		ddress			
	No II	If yes, give wor or dates of s	37	6-05-897	L Co	rabelle			son 17.	42 Go	rdon	Roa	d
		TH [Enter only one co	use per lic	ne for (of, )to), and (e)	-)	Hagers	s town	EQ.				VAL BETWEEN	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Pul	m	nam	لسد	ede	ma		Olyse	2 6	13 Mary
	· ·	DUE TO		_4_ /	4		1.	,	0.				
	Canditians, if an		, Ci	renos	ler	tie.	una	nt o	tisea	21	1		
	gave rise to in catse (a), stating t							0 .	1	. * 0		1- 10	1/2
	lying couse lost.	) (c	)			<i>i c</i>	an	eca	5 / 0		4	0	
	PART IL OTH	ER SIGNIFICANT CON	DITIONS S	CONTR BUTING TO DE	ATH SUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION	IVEN IN PAI	RT 1(a) 19.	WAS AUTOP	SY
3 Old myrearder infanting,								res 🔲 No	Ö				
		S UNDÉRLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY O	CCURRE	). (Enler nature a	if injury in P	art I ar Part	II of ilem 18.)				
		Manth, Day, Ye	ar 20d. II	NJURY OCCURRED		ACE OF INJURY			or town)	(	County)	(Ste	ofe)
	Hour e.m.	19	While of wor	Nat while k □ at work □	100	tary, street, affice	e bldg., etc.	1					
		at I attended the		1 7	me	VL. 1957	la d	2500	Aul 105	-/ sh-a 1	last say	v the dece	
	alive on 25	assis	10			gcourred at	1- 11	24 .					
	dive di	See for see	7	- Joha mai	_ ueam	decorred at			reet, city or tow		rne date	STOTEG OD	
	ACTUAL	Mard	1.	Burch	who		26	APRIL	1957			5716 311	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	SIGNATURE	00-0	-/	J-140		M.D. ,		AFR CL					
	PHYSICIAN'S NAME (Type)	RICHARD T.	BINE	ORD. M.U.		1135	POTO	MAC AV	ENTE HY	dener.	ALBA M	0	
	220. BURIAL, CREMATION			22c, NAME OF CEM	ETERY O				ION (City, town		<del>viither'i</del>	(State)	
	REMOVAL (Specify)	1/20/57		reenvill				Green		_			
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	الماستيار			BY REGISTE		GISTRAR'S SI		Obto	_
	Andrew K	Coffma	n Ha	gerstown	Md		Politics.	3019	57 64	est.	Bose	verol	
	THE PERSON NAMED IN THE PARTY		6.6 A.C.C.	WON TO MOUNTE	ATT CALL		Charles de la Carte de la Cart	W	- ( 100	A	Par -		

USIVIEDERA SEEL S YAA

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4525 CERTIFICATE OF DEATH Ren Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY b. COUNTY MARYLAND Washington Maryland Washin ton hours ofter death b. CITY OR TOWN Iff outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town) RURAL and give negres) lown) Haserstown 320 North Locust Street d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS IS DESIDENCE ON A FARM? Hagerstown, M Washington County Hospital YES NO TO C NAME OF 4. DATE First Middle Month Dov Year DECEASED VETENCTA ANN DICK DEATH 26 (Type or print) Apri I 19 within 5. SEX 6. COLOR OR PACE 9 AGE (in years HE UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH completely lost birthday) Days House April 25. Female white WIDOWED TT DIVORCED [7] papers. 10g USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Hagerstown. Maryland pup E O O none ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Beverly Ann Renner Leon S. Dick 15 WAS DECEASED EVER IN U. S ARMED FORCES? 116, SOCIAL SECURITY NO INFORMANT Address Leon S. Renner ending none Hagerstown. Md. 18. CAUSE OF DEATH [Enter only one cause per line for ja), (b), and jc)-INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: DUE TO À 900 Conditions, if any, which gned gave rise to immediate DUF TO be casse (a), stating the underlying cause last. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port 1 or Port 11 of item 18.) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) o. m. While Nat while of wark al work p. m. 21. I certify that I attended the deceased fram Lithat I last saw the deceased alive an M, fram the causes and an the date stated above. and that death accurred at ä ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE HOSPITAL OR shauld ō PHYSICIAN'S TO FUNERAL NAME (Type) m 225. DATE THEREOF 270. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 27/7057 Rose Hill Cemeterv Hagerstown. 33. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b...REGJETRAR'S SIGNATURE Funeral Home er-Kouzer Hagerstown. Franklin

DECENT 1 YAM

BUREAU V. E.

VS A15 (4) 15M 9/5S

ARYLAND STAT	E DEPARTMENT	OF HEALTH-BALTIMORE,	18
4573	CERTIFICATE	OF DEATH	

M

(14531

	Reg. Dist. No. 303
1. PLACE OF DEATH PASHING TON MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY MARYLAND WASHINGTON
b. CITY OR TOWN (If auside carporate limits, write RURAL and give nearest town)	
	Balx/ MAPLEVILLY
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION BOCNSBORO MD. R. 2	ON A FARM?
. NAME OF First Middle	
DECEASED	FASTERDAY  ADATE Month Day Year OF DEATH APATE 6 T957 195
SEX 6. COLOR OR RACE 7. MARRIED The NEVER MARRIED	
MALE WHITE WIDOWED DIVORCED	OCTOBE-25 1878 78 yrs. Manths Days Hours Min.
on. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	
FARMER OWN FARM	BOONSBORO WASH, GO.MD. U.S.A.
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHRISTOPHER WASTERDAY	ALBANDA HOUPT
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(es, no, or unknown) (If yes, give war or dates of service)	148.EDNA HASTERDAY BLONSBORO WASH.CO
[18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UN SCALL ONSET AND DEATH
DUE TO	
Conditions, if ony, which ) as Cotto > Out	time levet dis une of ms.
gave rise to immediate (	5 . (3 = 1 / )
lying cause tast.	and talling bodays.
	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Yaka Kremonia.	Z Well. PERFORMED YES NOT
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Port I or Part II of item 18.)
OR CONTRIBUTING TO CAUSE OF DEATH	Same female and the same of the same same same same same same same sam
	Oe. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State factory, street, affice bldg., etc.)
Hour a.m.  p, m.  While Not while of work at work	raciory, sireer, artice arag., etc.)
21. I certify that I attended the deceased from Onic	6, 1952, to and 6, 1952, that I last saw the decease
100 10 1	death occurred at 11.3 M, from the causes and on the date stated abo
2 7	ADDRESS (Street, city or town, state) OATE SIGN
ACTUAL SIGNATURE (M)	MO 119 = Untidos t 918 N
PHYSICIAN'S LOUIS 6, 6 LOTH	WD.
20. BURIAL CREMATION, 226. DATE THEREOF 22C NAME OF CEMETI REMOVAL (Specify)  BURTAL APATT TO LA BOOMSRO	
LEUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
Bat Dum Mous Branches	nod   200 10 10 100 - 21 18 18 18 18

BUREAU V. &

1261 11 AAA

BECEINED

Ι.	m Young	1	te	m 19 Fil	MARYL	AND S	2 64		NT OF HEALT		•	18	03	153	9
g ]	X				452A	DICA	L'EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. E	Dist. No	. 3	0Z
cremoths *	Marcoll .		1, 7	LACE OF DEATH	Washing to	on	MARYL	AND	2. USUAL RESIDENCE (V		sed lived. If institu b. COUNT		lence bef		seion)
Bergi,		ľ	b	CITY OR TOWN (	if outside corporate fimits, write-	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I	autside car	porate limits, write	RURAL on	d give n	earest lav	vn)
3				W r	erstown		2 yrs		238	Summi	t Ave - H	hjer	torn	1	
	1	2	d				Jounty Hos		d. STREET ADDRESS	m it	Avenue			ON.	SIDENCE A FARM?
	~ :	-		IAME OF	Fin		Middle	P 22 W	lost	4. DATE	Month		Day		NO EM
		- 1		PECEASED Type or print)		sret	Henso	27	Easterday	OF DEATH		il l	July		9'57
			5. S	EX			D NEVER MARRIED				9. AGE (In years		R TYEAR		R 24 HRS
				Female	White	WIDOWED		_	Unknown		60 yrs.	Months	Days	Hours	Min.
			10a	USUAL OCCUPATI	ON (Give kind of work on life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUSTI	Y 11, BIRTHPLACE (Stole	or foreign	country)	12. CIT	IZEN OF	WHAT	COUNTRY
		71		Louse			Home		1 ry	lend			US	A.	
			13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			-		
4					Thom s Char		130n		Kithe	.i 13 2	hi ley				
-			15. [Ym.	WAS DECEASED EV	/ER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
	"	1		No	no		none	Mr.	Fride Hense	n b	m / 4 Eh	prahi	ar <sub>t</sub> .	.d .	~1
					ATH (Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		421 67	t <i>er</i> ;	dided whit	ty in	Miltrati	on)	ONSE	VAL BETWE T AND DEA	EN TH
				Conditions, if a gave rise to imme (a), stating the cause last.	diate cause	Chi	conic alcoh	101	Lsm						
	6	2	FICATION	PART II, OT	HER SIGNIFICANT CON	DITIONS CO	NTR BUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PAI		PERFO	NO
			CERT	200. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	USE WAS DITRIBUTING	b. DESCRIBE	HOW INJURY OCCURE	ED. (Er	nter nature of injury in Par	t I ar Part II	of item 18)				
			MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	r 20d. II While of wor	Not while	facto	E OF INJURY (Home, form ry, street, office bidg., etc.	1, 20f. (Cir.	y or lown)	{Co	unty)		(State)
									re, held an Autops ide [], Homicide		nspection 🕱 , ndetermined c		_	and f	ind that
		>		ACTUAL SIGNATURE	Rober	Y h	LEEP,		.M.D. CHIEF MEDICAL EX	_				DATE \$	GNED
mayal				EXAMINER'S NAME (Type)	S. Rob	ert We	ells,D.		DEPUTY MEDICAL			4-0	<b>-9</b> 7		
Ď			22a.				72c. NAME OF CEMETER			22d. LOCA	TION (City, town, c	r county)		(Slate	1
		7	23 1	Purial UNERAL DIRECTOR	AL PS 3	157	Rosehi]	1	emetery	D BY REGIST	erstoun	Lang		F	
•	111	K		MAS	(Deef 1)	celle	comport 1	11	2 Apr	.4.19.	57 6ha	sti	30	رسم	ra/



BUREAU V. E.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 4527 Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY g. STATE **6. COUNTY** MARYLAND MARYLAND WASHINGTON WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) PURAL and give seprest love) YRS. HAGERSTOWN d. NAME OF HOSPITAL III not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 109 S. POTOMAC ST. 24 POTOMAC 5. YES NO N NAME OF First Middle 4. DATE Month Year Day DECEASED OF DEATH HERMAN APRIL RANDOLPH (Type or print) FAVEY 1957 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours MALE WHITE 10/18/1870 DIVORCED [7] 86 m WIDOWED TO popers 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? RETIRED DENIST MARYLAND U.S.A. PRACTICE ofler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion SARAH HOFFMAN HENRY S. EAVEY hours 17 INFORMANT HAGERSTOWN TS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO HARRY R. EAVEY NONE thending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO terios ( 24-6414 Conditions, if any, which gove rise to immediate DUE TO cottse (o), stating the underlying couse lost burial-transit PART 17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg, etc.) Hour a.m. While Not white al work of work 17 195 Lithat I last saw the deceased 21. I certify that I attended the deceased fram I \ 1954, ta A 12 Fil alive an and that death accusted at 2.15 A.M., from the causes and an the date stated above. 80 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIR ā D HOSPITAL PHYSICIAN'S NAME (Type) FUNER 220 BURIAL CREMATION, 226. DATE THEREOF #2d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) HAGERSTOWN 19 ROSE MD CHM 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4)

T'A AVE

7681 SS 1957

DAMESEN

CERTIFICATE OF DEATH 4528 Reg. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE be filed b. COUNTY MARYLAND Franklin Washington Penna. dualh. b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) P 5 weeks Hagerstwon d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Washington County Hospital E/.U/.B/./ Obbbbbbbbbb YES THE NO [ 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 28 19 57 Rev. Frank B. Emenheiser 6 COLOR OR RACE 7 MARRIED THEYER MARRIED TO B DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED [ papers. white male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death, during most af working life, even if retired) U.S.A. pup Minister Retired Minister | Lower Windsor, York, Co. ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME B Elizabeth Keller mave <u>Benjamin Emenheiser</u> 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Ruth Spalding, York Haven, York Co. Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL PETWEEN ă ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia Month IMMEDIATE CAUSE (6) 6/0天 DUE TO Prostate Hypertrophy Months Conditions, if any, which ] gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Generalized Arterioschloresis YES NO IX 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) [County] (Stole) Hour a. n. factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from March 24 April 28 19 57, that I last saw the deceased and that death accurred at 2:25 At from the causes and on the date stated above. alive an April ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 832 Potomac Ave. Hagerstown, Md. SIGNATURE PHYSICIAN'S G. Warden. M.D. NAME (Type) 22b. DATE THEREOF 220. SURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOYAL (Specify) Mt. Rose York Pa. FÉNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REGID BY REGISTRAR 24b REGISTRAR'S SIGNATURE Waynesboro, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

STEEPEN N. S.

DEVIES 1957

1		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18 04535								
		4529 CERTIFICA	ATE OF DEATH Reg. Dist. No. 302								
director led with		PLACE OF DEATH  o. COUNTY  Washington  MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institutioni Residence before admission) o. STATE Maryland b. COUNTY Washington								
deoth.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Life									
S office	· ·	or Institution  Washington County Hospital	d STREET ADDRESS 821 Concord St.  e. 15 RESIDENCE ON A FARM? YES NO DE								
ed in b		NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year								
lefy fill		SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF SIRTH  9. AGE (In years lift UNDER 1 YEAR) IF UNDER 24 HRS lost birthday)  Months Days Hours Min								
Com Com Com Com Com Com Com Com Com Com		Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY								
and and	(	Housewife Own Home	Hagerstown, Md. U.S.								
physical move hours	).	(es, no, or unknown) [ (if yes, give wat at dates of service)	Unknown  Address  Address								
dearn of	None   Mrs.C.T.Hauver 821 Concord St. Hage										
y the of Then event		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary emb									
in. signed b signed b it permit. nd in ony	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.										
physicic physicic has been rial-trans		Arterial sclerosis	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NO} \)								
mittending thifticate is the bi		or contributing to cause of Death  of the Either, Notify Medical Examiner   Patient fell	O. (Enter nature of injury in Part I or Part II of item 18.)								
ital ar a this cel or use a crematio	4	Haur Apr. 25 1957 of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.) Hagerstown, Wash. Md.								
ENDING he hosp R: After ached fi buriol, d		21. I certify that I attended the deceased from Apr. 26 alive an Apr. 1. 294., 19/57., and that death	occurred at 4:30P M, from the causes and on the date stated above								
ned by t	1	ACTUAL SIGNATURE JULIU J. Walelens	ADDRESS (Street, city or town, stote)  DATE SIGNER  M.D. 115 King Street, Hagerstown, Md,								
SFITELL be retail JERAL ( 3 shoul gistror		PHYSICIAN'S JOHN J. DODDIE M. D.  20. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)								
may be r TO FUNER page 3 s the regist		REMOVAL (Specify) Burial May 1,1957 Rest Haven Co									
VS A15 (4) 15M 9/S5	21	est Haven Funeral Chapel Inc. Hagerstown									
		Whe. C. VAPOV U-100s.									

BUREAU V. S.

DECEIVED

VS A15 (4) 15M 9/55 

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

4530 CERTIFICATE OF DEATH

8 04536 Reg. Dist. No. **302** 

	PLACE OF DEATH		2. USUAL RESIDENCE DVhere decease		e before admission)
L	Washington	MARYLAND	lenna.	6. COUNTY Fred	nKlin
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and g	ive nearest lown)
	Tagerstous	2WK5	Coreens	2540 75x	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	iddress)	d. STREET ADDRESS		e. IS RESIDENCE
	Washington C.	Hospital	26 North	Carlislo st	ON A FARM? YES NO NO
3.	NAME OF First	Middle	Lost 4. DATE	Month	Day Year
	Type or print David	Walson	Flotcher DEATH	40	20 1957
5.	EX 6. COLOR OR RACE 7. MARRI	ED A NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS
	Male white WIDOWE	D DIVORCED	2/25/1880	/ yrs. Manths	Ooys Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11. BIRTHOLACE (State or fareign	country) 12. CITI	ZEN OF WHAT COUNTRY?
	Fxective	Minita	Franklin G	Tonna.	(XSA
13.	FATHER'S NAME	/ /	14. MOTHER'S MAIDEN NAME		
	Louis Hope FI	otcher	Mactho E	KAWA	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17,1	NFORMANTA	Address	
(10	), no. or unknown)   If yes, give wor or diffes of service)	78-01-3826 W	us Julia J. F.	Will the	weath. to
	18. CAUSE OF DEATH [Enter only one cause per ling	s fer (a), (b), and (c).]		7	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Become	una Ol Cat	1777	ONSEL AND DEATH
	DUE TO	1	77		11/1/10
	Canditions, if any, which )		V		
	gave rise to immediate				
	lying cause last.		6		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	I(g) 19. WAS AUTOPSY
Ν					PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] 206. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Pa	ort II of item 18.)	THE THE REAL PROPERTY.
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL			ACE OF INJURY (Home, form, 20f. (Cil	ly or lown) (C	ounty) (State)
WED	Hour a. p. While at work	Not while at work	ctary, street, affice bldg., etc.)		
	21. I certify that I attended the decease		39.19 104/20/	3-7 30 Ab-ALI	ast saw the deceased
	alive an 7/21/55 7 . 19		occurred at 21250M, fra		
	01110 011-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-	, and mai yeam	ABORESS (	om the causes and an th Street, city or town, state) () 77.	DATE SIGNED
	ACTUAL SIGNATURE	12/	J. 124	zueras K	
	000,100	~/	M.O	7	
	PHYSICIAN'S NAME (Type) A. C. JYMON	ucy, us			4/2457
220	BURIAL, CREMATION, 226. DAYE THEREOF	22c. NAME OF CEMETERY O	CREMATORY , 22d. LOCA	ATION (City, town, or county)	(State)
	REMOVAL (Specify) 4/23/1967	apdan 16	11 Buston	appenently t	- Walling
23.	FUNERAL DIRECTOR'S SIGNATURE	ADORESS	240 REC'D BY REGIS	TRAR 246 REGISTRAR'S SIG	NATURE ,
150	fantil M. Ilmianon.	fuerost.	F Shr. 23/	957 Stenit	Locuero)
				The second secon	

DEALEGENAED

BUREAU V. E.

TOOL FO EGA

Mi

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4531 CERTIFICATE OF DEATH

Reg. Dist. No. 3537

1	1. PLACE OF DEATH  o COUNTY				2		ENCE (Who	are deceased	l lived. If institut		ice before o	dmission)	
		neton		MARYLA	UND	D. STATE	aryla	nd	b. COUNTY	Wash	instor	1	
	b. CITY OR TOWN (If out	side corporate limi	ts, write	c. LENGTH OF STAY IN	₹ 1b	c. CITY OR T	OWN (IF or	utside corpo	rote limits, write	RURAL ond	give nearest	lown)	
	Hagerstown	,		19 days	1.	Hagerstown							
	d. NAME OF HOSPITAL (I	f not in hospital, g	ive street o	oddress)		d. STREET ADDRESS e. IS RESIDENCE							
5	Jackson Conva	lscent H	ome								ON A FARM?		
	3 NAME OF	Fir	sî	Middle		Lost	1	4. DATE	Mo	n th	Day	Yeor	
	(Type or print) SA	RAH		JANE		FORD		OF DEATH	April		11,	1957	
	5. SEX 6. 0	COLOR OR RACE	7. MARRI	IED 🔲 NEVER MARRIED	8.	DATE OF BIRTH	H		<ol><li>AGE (In years lost birthdoy)</li></ol>	IF UNDER		UNDER 24 HRS.	
	Female W	hite	WIDOWE	DIVORCED		ovember	r 6, 1	.871	85 yrs		Days H	ours Min.	
	10o. USUAL OCCUPATION (C during most of working I	Give kind of work of	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (Stole	or foreign c	ountry)	12. CI	TIZEN OF V	VHAT COUNTRY?	
Ħ	Housewife					Juar	niata	Co	Penn.	II	S.A.		
1	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Abraham H. Warner Euphemia Dunn													
	15. WAS DECEASED EVER IN			SOCIAL SECURITY NO.	17. INF	DRMANT			Add	iress			
)	no	, give war or dates of s		one	Mr.	R. L.	Evans	H	agerstow	m, Ma	ryland	đ	
	18. CAUSE OF DEATH	Enter only one co	use per lin	e for (o), (b), and (c).	,	1	_				INTERV	AL BETWEEN	
	PART 1. DEATH V	VAS CAUSED BY:	, (	Cerelia	al	The state of the s	um	Mr.	247		ONSE	AND DEATH	
	3.3.2. X	DUE TO				Λ		4				- V	
	Conditions, if ony,	mbiak Y		Conell	1	1	2-1	on	~1 ~		1	10-11	
	gove rise to imme	diote (		2-		7		-/	7- ^	-		J.	
	codise (o), stoting the g	inder: (c		Jene	لسيميسة	degles	1 6	arl	eresc	lean	-	Gear	
	PART II. OTHER S			ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMII	NAL PISEAS	E-CONDITION GI	VEN IN PAR	T 1(o) 19. V	VAS AUTOPSY	
	13 Herse	rtenu	ne 1	arterise	ler	They to	ren	it de	eseas	-0-		ERFORMED?	
	PART II. OTHER S  200. ACCIDENT WAS UP OR CONTRIBUTING CO	NDERLYING T	20b. ØESC	RIBE HOW INJURY OCC	CURRED.	Enter noture of	finjury in P	ort I or Par	t II of item 18.)				
		ICAL EXAMINER)											
	ZOC. TIME OF INJURY A	Aonth, Day, Ye	or 20d. IN While	UURY OCCURRED 2	Oe. PLACI	OF INJURY II	Home, form,	20f. (City	or lown)	(	County)	(Stote)	
	p. m.	19		of work		,,							
	21. I certify that I	attended the	decease	d from 2 70		1957	, to 1	4 Gus	12 185	Zthat I	last saw	the deceased	
	alive an 131	april	18.5	Z, and that d	leath o	ccurred at.			n the causes				
		1/	0		/	_//	, ,	DORESS (S	treet, city or town	, stote)		DATE SIGNED	
a	SIGNATURE /	clipn	1_	11/200	MI	HA HA	GERST	OWN, I	ARYLAND	15	APRI	L 57	
	PHYSICIAN'S		•		//								
		AHRD T. I	SINEO	80 D.		HAGER	STOWN.	LIAR'	YLAND		***		
	220. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREC	)F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCA	HON (City, town,	or county)		(Stote)	
	Burial	4/17/19	57	Rest Hay	en c	emeterv	r	Hag	erstown.	Maty	land		
	3 FUNERAL DIRECTOR'S SIG	SNATURE	Home	ADDRESS		_	- //	BY REGIST	RAR 246. REG	ISTRAR'S SH	CNATURE		
	1. Franklin	Rouger	27.00120	Hagerstown	, Ma	ryland	ESSA ?	,20,19	5164	ast	720	wesa/	

BUREAU V. S.

7261 88 A9A

DECENTED

MARYLAND

o. STATE

04538

2. USUAL RESIDENCE (Where deceased fixed If institution, Residence before admission)

**b.** COUNTY

director, filed erol P pup 2. papers. and carban after physician move ₻ Bued cote CTOR . o DI PI FUNERA pode

0

VS A15 (4)

15M 9/5S

death.

PLACE OF DEATH

Washington

a. COUNTY

larvland Washin ton b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] 10 days Hagerstown .age.sto.n d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 36 Avalon Avenue Washim ton County Hospital YES NO K NAME OF First Middle 4. DATE Manth Year DECEASED OF DEATH ALTCE CECTLIA GERK INS 19 57 (Type or print) April IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) Hours may 25, 1908 remale White DIVORCED [ WIDOWED [ yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Midland, Maryland Housekeener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Farrel Elizabeth O'Rourke IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO 17. INFORMANT Address Charles Hagerstown, waryland UNKNOWN H. Gerkins no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which (61 gave rise to immediate DUE TO cottse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES DE NO 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) g. m. While Not while at work at work 🗍 p. m. 21. I certify that I attended the deceased from 2 1 1/6 206 , 19 17 , ta April 19 5 7 that I last saw the deceased and that death occurred at 1/25PM, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Cemetery Luria Hagerstown, arvland 23\_FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE ter-Rouzer Juneral Home hagerstown, waryland

BUREAU V. S.

NECENTED STA

VS A1S (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
--	---

4533 CERTIFICATE OF DEATH

()4539 Reg. Dist. No. 302

B. CITY OR TOWN If couldes corporate limits, write  LENGTH OF STAY IN 16  B. CITY OR TOWN If coulde corporate limits, write  LENGTH OF STAY IN 16  C. CITY OR TOWN If coulde corporate limits, write RURAL and give nearest lown)  HAGERSTOWN  C. CITY OR TOWN If coulde corporate limits, write RURAL and give nearest lown)  HAGERSTOWN  C. CITY OR TOWN If coulde corporate limits, write RURAL and give nearest lown)  HAGERSTOWN  C. CITY OR TOWN If coulde corporate limits, write RURAL and give nearest lown)  HAGERSTOWN  C. CITY OR TOWN If coulde corporate limits, write RURAL and give nearest lown)  HAGERSTOWN  C. CITY OR TOWN If coulde corporate limits, write RURAL and give nearest lown)  HAGERSTOWN  C. CITY OR TOWN If coulde corporate limits, write RURAL and give nearest lown)  L. COUNT OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. COUNT OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  WASHINGTON  C. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. C. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. C. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. C. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. STREET ADDRESS  C. CITY OR TOWN If coulded corporate limits, write RURAL and give nearest lown)  L. STREET ADDRESS  D. ACCEPTATULE IN L. STREET  L. C. CITY OR TOWN If coulded corporate limits, write RURAL AND REAL TOWN IN L. STREET ADDRESS  L. C. CITY OR TOWN IT ADDRESS  L. STREET ADDRESS  L. STREET ADDRESS  L. STREET ADDRESS  L. STRE		. PLACE OF DEATH				2.	USUAL RESIDENCE (WH	nere deceased		on: Residenc	e before o	Imission)		
D. CITY OF TOWN (If contide corporate limits, write RUBAL and give nearest lown)  HAGERSTOWN  A. NAME OF HOSP TALL (If not in hospital), give sited address)  OR INSTITUTION  A. NAME OF HOSP TALL (If not in hospital), give sited address)  WASHTINGTON COUINTY HOSPITAL  I. ANAME OF HOSP TALL (If not in hospital), give sited address)  OR INSTITUTION  A. STREET ADDRESS  ON A FARM?  THE POTOMAC STREET  VES NOTE  DECLASED  (Type or print)  EVA  FINAL  WHITE  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  ALIGHEST 26 THS2  ALIGHEST ADDRESS  SEX  FINAL  WHITE  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  ALIGHEST 26 THS2  ALIGHEST ADDRESS  ON A FARM?  PART I, BATHERY IS UNDER 22 HRS 164 In girthdory)  Months  Doys Hours  Winter  HOUSE  ALIFRED C HUFFER  13. FATHERY NAME  ALIFRED C HUFFER  14. MOTHER'S MAIDEN NAME  ALIFRED C HUFFER  15. WAS DECLASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  IF ARM DIVORCED  THE NOTE OF BEATH  PART I, DEATH WAS CAUSED BY MARKED OR INDUSTRY III. BIRTHPLACE (Stote or foreign country)  18. CAUSE OF DEATH [Enter only one couse per limit for (pf. (p) and (c) 1. MOTHERS MAIDEN NAME  ALIFRED C HUFFER  SARAH TOWS  Address  III. SARAH TOWS  ADDRESS MADE NAME  ALIFRED C HUFFER  SARAH TOWS  ADDRESS MADE NAME  ALIFRED C HUFFER  ALIFRED C HUFFER  ACCOUNTERY MARKED ADDRESS OF DEATH  (pf. Enter only one couse per limit for (pf. (p) and (c) 1. MOTHERS MAIDEN NAME  ALIFRED C HUFFER  ADDRESS MADE NAME  ADDRESS (CITY OF TOWN)  OR ACCOUNTERY MADE NAME  ALIFRED C HUFFER  ADDRESS MADE NAME  ALIFRED NAME  AD		o. COUNTY	HINGTON	0	MARYL	AND		D	P. CONNIA	SHIMO	17'0'1			
OR NAME OF HOST TAL (If not in hospital, give street oddress)  OR INSTITUTION  WASHINGTON COLINTY HOSPITAL  ITS POTOMAC STREET  OR AN ARRIED  S. NAME OF DEATH  WASHINGTON COLINTY HOSPITAL  ITS POTOMAC STREET  OR AN ARRIED  S. SEX  FINAL  FINA  COLOR OR RACE  7. MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  AUGUST 26 ISSN  WASHINGTON  WOUND  TO UNION	Ī	RURAL and give ne	outside corporate timi orest town)	its, write	c. LENGTH OF STAY I		c. CITY OR TOWN (IF a		100		<del></del>	town)		
OR INSTITUTION  WASHINGTON COUNTY HOSPITAL.  1. TREPOTOMAC STREET  WASHINGTON COUNTY HOSPITAL.  1. DATE Month Day Year DECEASED (Type or print)  FINE Modele  EDNA  GILBERT  9 ADE (In year) [FUNDER 17AR] FUNDER 24 HES  FEMALY WHITE WIDOWED DIVORED AUGUSTRY II. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY II. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY II. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY II. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY II. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY II. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY II. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY III. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY III. BITHFURCE (Stote or foreign county)  100. USUAL OCCUPATION (G.v. kind of work done) 100. KIND OF BUSINESS OR INDUSTRY III. BITHFURCE (Stote or foreign county)  101. BITHFURCE (Stote or foreign county)  102. CITIZEN OF WHAT COUNTRY?  103. WAS DECEASED FVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT  ACCUPATION OF THE STREET OR THE STREET OR INFORMANT  103. WAS DECEASED FVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT  104. MOTHER STREET OR THE STRE	-					- X ·	A DOOR SOILO							
3. NAME OF   FIRST   Middle   Lost   4. DATE   DATE   Day   Year   DEATH   DEATH   DEATH   DATE   DATE   DATE   DATE   DEATH   DEATH   DEATH   DEATH   DATE   DEATH		OR INSTITUTION	LL (It not in hospital, g	give street o	ddress)	/	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?		
DECEASED  ITYPE OF PRINT  S. SEX  6. COLOR OR RACE  7. MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  A LIGHTST 6 TABS  TH. WILL TO AGE (In year)  In SURIAL OCCUPATION (Gre. skind of work done)  OWN HOME  100. USUAL OCCUPATION (Gre. skind of work done)  DIVORCED  DIVORCED  DIVORCED  A LIGHTST 6 TABS  TH. WILL TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  12. CITIZEN OF WHAT COUNTRY?  MONNO		WASHI	NGTON CO	UNTY	HOSPITAL		T8 POTO:	MAC S'	PREET		YE	S NO B		
S. SEX  S. COLOR OR RACE  S. SEX  G. COLOR OR RACE  O. MARRIED D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NEVER MARRIED  D. NORCE  L. L		3. NAME OF DECEASED	Fir	ni	Middle		Last		Mor	ith	Day	Yeor		
Divorced   August 26 1882   14 yr.   Months   Doys   Hours   Min		(Type or print)				LBERT	DEATH	APRIL						
DIVORCED   AUGUST 26 1882   14 yrs.    100. USUAL OCCUPATION (Give kind of work done during)   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY WHAT COUNTRY   12. CITIZEN OF WHAT COUNTRY?    WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY?		S. SEX	6. COLOR OR RACE	7. MARRIE	D MEVER MARRIE	D   8 D	ATE OF BIRTH		9 AGE (In years					
The contribution of the course of the contribution of the contributi		FEMALE	WHITE	WIDOWED	DIVORCED	D AT	GUST 26 1	1882	A 11	Months	Doys Ho	urs Min		
HOUSE WIFE  OWN HOME  13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  NONE  D. GARFIELD GILBERT BOONS BORD MD.  18. CAUSE OF DEATH (Enter only one couse per line for (9f. (b), ond (c)-).  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate Outer to immediate Couse (o), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES DO ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES DO ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES DO CONTRIBUTION OF CAUSE OF DEATH OF COURSE OF COURSE OF COURSE OF DEATH OF COURSE OF COUR		On USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	υπίτγ)	12. CITI	ZEN OF W	HAT COUNTRY?		
ALFRED C. HUFFER  IS. WAS DECEASEDEVER IN U. S. ARMED FORCES?  If you, give wer or defet of service)  NONE  D. GARFIELD GILBERT BOONS BORD  NONE  18. CAUSE OF DEATH [Enter only one couse per line for (gf. (b), and (c).)  PART I. DEATH WAS CAUSE (o).  DUE TO  Conditions, if any, which gove rise to immediate collection of the collection	4				OWN HOME		MONROE V	VASH.	CO.MD.	II.	S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one course per line for (gf. (b). and (c).   18. CAUSE OF DEATH [Enter only one course per line for (gf. (b). and (c).   18. CAUSE OF DEATH [Enter only one course per line for (gf. (b). and (c).   18. CAUSE OF DEATH [Enter only one course per line for (gf. (b). and (c).   18. CAUSE OF DEATH [Enter only one course per line for (gf. (b). and (c).   19. WAS AUSED BY IMMEDIATE CAUSE (o).   19. WAS AUSED BY IMMEDIATE CAUSE (o).   19. WAS AUTOPSY PERFORMED?		3. FATHER'S NAME				14								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Street, city or town) (1 ps., give wor or date of surves) NONE NONE D. GARFIELD GILBERT BOONS BORD MD.    18. CAUSE OF DEATH [Enter only one course per line for [q]. (b). ond (c).			ALFRED C	. HUFF	राजा व		SARAH	TOMS						
NO NONE D. GARFIELD GILBERT BOONSBORD MD.  18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c)].  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b).  DUE TO  Conditions, if any, which gove rise to immediate couse (c), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of w			IN U. S. ARMED FOR	CES? 16. S		17. INFOI			Add	ress	-			
18. CAUSE OF DEATH [Enter only one couse per line or (g/, (b), ond (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gove rise to immediate cose (o), storing the underlying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO ON THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work.  21. I certify that I aftended the deceased from the couses ond on the date stated above.  ADDRESS (Street, city or fown, state)  DATE SIGNED			I yes, give wer or agree or i	service)	NONE	D.GA	PETEUN GI	יקקק.וז	r ROONS	BORO	MD			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cose (o), storing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO O  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  21. I certify that I aftended the deceased from While of work of work of work and that death occurred of ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)		18. CAUSE OF DEA	TH [Enter only one co	ouse per line			1	, <u>, , , , , , , , , , , , , , , , , , </u>		LICILIA.		L BETWEEN		
DUE TO  Conditions, if any, which gove rise to immediate code (a), stating the underlying couse last.  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy Performed?  Yes Due to  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy Performed?  Yes Due to  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsy Performed?  Yes Due to  Performed.  Yes Due		PART I. DEAT		. A	demin	fact	die 16	ear	7					
Conditions, if any, which gove rise to immediate costs (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING COURSED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Month, Day, Year of work of wor		1, 10	,			A CAG						7.		
Gove rise to immediate put to costs (a), stating the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work, street, office bidg., etc.)  21. I certify that I diended the deceased from the course of the course ond on the date stated above.  ADDRESS (Street, city or town, slate)	ı	Conditions if or										*		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO   20a ACCIDENT WAS UNDERLYING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work o	1	gove rise to in	nmediate (							-	1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO   200 ACCIDENT WAS UNDERLYING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  200. TIME OF INJURY Month, Day, Year While Not while of work of work, street, office bldg., etc.)  21. I certify that I lost saw the deceased of work of work of work, slote)  22. ADDRESS (Street, city or town, slote)	To Account		ne once.											
200 ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Hour e. m. 19 of work   19 of wor					INTRIBUTING TO DEA	TH RUT NOT	DELATED TO THE TERMI	NAL DISEASE	CONDITION OF	(EN) INI DART	1/-V10 V	V29OTHA 2A		
20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year Hour o. m.  19		OI THE		10110113 (0)	STATE OF THE STATE	111,0011101	KEDATED TO THE TERMI	INAME INISTRACE	. CONDITION SI	CIA IIA FARI	PE	RFORMED?		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m., p. m. 19 While of work of work 19 Injury (Home, form, 20f. (City or town) (County) (Slote)  21. I certify that I after deceased from 19 Injury (Home, form, 20f. (City or town) (County) (Slote)  21. I certify that I lost saw the deceased alive on 19 Injury (Home, form, 20f. (City or town) (County) (Slote)  22. I certify that I lost saw the deceased alive on 19 Injury (Home, form, 20f. (City or town) (County) (Slote)  23. I certify that I lost saw the deceased alive on 19 Injury (Home, form, 20f. (City or town) (County) (Slote)  24. I certify that I lost saw the deceased alive on 19 Injury (Home, form, 20f. (City or town) (County) (Slote)			S HINDERLYING (T	206 DESCI	PIRE HOW INHIBY OF	CHERED /F	ter nature of injury in I	Port Lor Port	Il of item IR \		YES	ПиоП		
21. I certify that I affended the deceased from 1951, to 1951, to 1951, that I lost saw the deceased alive on 1951, and that death occurred of 1951. ADDRESS (Street, city or town, state)	- 1		CAUSE OF DEATH	140. 0230.	COL HOW HOUR OL	.cokazo. (ci	ner natore or injury in t		W OF HEIR 10.)					
21. I certify that I affended the deceased from 1951, to 1951, to 1951, that I lost saw the deceased alive on 1951, and that death occurred of 1951. ADDRESS (Street, city or town, state)		20c. TIME OF INJURY	Month, Day, Ye						or town)	(Co	ounly)	(Slote)		
alive on ADDRESS (Street, city or town, stote)		∑ p. m.	19			1	sirvery entres programmes	"   "						
alive on ADDRESS (Street, city or town, stote)		21. I certify the	ot Loftendedethe	decease	d from April	11	105/10/	mel 1	196	That I k	ost saw I	he deceased		
ADDRESS (Street, city or town, stota)  DATE SIGNED		1 1/1	cl 18	70	7	death oc	rurred at A. K	A from		1				
		Janes Grand	12111		To and man	acam oc					e onie z			
ACTUAL (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	, [	ACTUAL C	111	TU.	an		130	774.77	1200		4	1/2//50		
SIGNATURE M.D. M.D.		SIGNATURE	7			M.D.		0		an l		f-:-k/:-/		
PHYSICIAN'S G. Wille Can	-1		and the	Le	Unia					14/01				
220. BURIAL, CREMATION, 226. DATE THEREOF 2 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or couply) (Stove)		Listening (11km)	6	4 - 40	- ~ ~					1 10-1	4			
REMOVAL ISpec.(y)	=	220. BURIAL, CREMAT OF				TERY OR CR	EMATORY	22d, LOCAT	ION (City, Jown	or county)	*	Stotel		
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE		220. BURIAL, CREMAT OF	N. 226. DATE THEREC	OF 9	22c. NAME OF CEME							Stote)		
Bast Fund Varus Brown low md. 6ther 24195) Attack Baccourse		220. BURIAL, CREMAT OF REMOVAL (Specify) BURIALA	PRIL 22		name of ceme		ETERY	BOO	ONSECRO	WASH	.co.			

PRECEIVER V. S. BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED

BUKEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# BECEIVED

BUREAU V. T.

7261 SS 1957

d≡ath.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

7261 PS 99A

BECEINED

TO

3	1
"xecute"	1
9	1
TO HOIPITAL OR ATTENDING PHYSICIAM: The for mounts that the duath merificate be executed	may be retained by the haspital or ottending physician.
dmoth	-
i e	3
thot	3
mquires.	on.
0	ysici
The	ارح ا
YSICIAM;	may be retained by the haspital or attending physician.
E	0.1
DIMO	hospit
TEN	the se
AT	<u>ک</u> رک
TAL DR	retoined
	9 2
TO HE	moy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4575 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. countington b. COUNTY Washington Maryland MARYIAND C TENGTH OF STAY IN IL c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN Ilf outside corporale limits, write RUBAL opd a ve mearest town) 4 months Boonshoro d. NAME OF HOSPITAL (If not an hospital, give street address)
OR INSTRUMENT N. Main St d STREET ADDRESS e. IS RESIDENCE 312 N. Main St. ON A FARM YES NO 3 NAME OF First Middle 4. DATE Month Day Year DECEASED Lyg DEATH (Type or print) Trwin Harbaugh April ñ 1957 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs Hours DIVORCED T Male White 80 on popers. death. WIDOWED TT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Construction Frederick Co. Carpenter Md . 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME hours of Calvin Catherine McClain Harbaugh S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Ralph Hutzel Boonsboro Md. Mrs. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o): 10 DUE TO Conditions, if ony, which gave rise to immediate DUE TO cosse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES IT NO TO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (Stote)

o. m. While Not while of work of work O. m

Son

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(Stote) .

21. I certify that I attended the deceased from 1957, that I lost sow the deceased alive on ATM, from the causes and an the date stated above. ADDRESS (Street, city or town, slote) DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF

F. Minnich &

22c. NAME OF CEMETERY OR CREMATORY Luthern Cemeterv

22d. LOCATION (City, town, or county)

Boonsboro Md.

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

MED

**ADDRESS** Md . Hagerstown

24g, REC'D BY REGISTRAR DATE //

24b. REGISTRAR'S SIONATURE

BUREAU Y. L.

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 well 1545 45 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	Dist.	No.	3	0	2
west.	des 1 in 1 f	120.	_	-	Phys.

-												
1,	PLACE OF DEATH				2. USUAL	RESIDENCE (V	Where deceas	ed lived. If Institu	tion: Residen	ce befo	re odmir	ssion)
Ł	Washim	gton		MARYLAN	New	York		Kings		4		
	b. CITY OR TOWN (IF	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 1	c. CITY	OR TOWN (II	Foutside corp	porote limits, write		give ne	arest for	vn)
	Hagers			2 Hr	g	Broo	klyn	9 (9				
	d. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hosp	ital, give street address)	d. STREE	T ADDRESS					DN.	SIDENCE A FARM?
	Wash.	County 110	spita	1	547	79	th St				YES [	NO
3.	NAME OF DECEASED	Fir	at .	Middle		cost .	4. DATE OF	Month		Day	Ye	ear
	(Type or print)	OSEPHINE		RORENCE	HENRIC	KSEN	DEATH	April	26 ]	195	7 19	7
5.	SEX	6. COLOR OR RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BI	HTS		9. AGE (In years feet birthday)	Months D	YEAR	Hours	ER 24 HRS.
	Female	White	WIDOWED		Apri		1902	55 m	MOUNTS D	AGYL	Hount	ecin.
10	<ul> <li>usual Occupation</li> <li>during most of working</li> </ul>	ON (Give kind of work g life, even if retired)	done 10b. Kli	ND OF BUSINESS OR INDU	ISTRY 11. BIRTH	PLACE (Stote	or foreign o	ountry)			WHAT	COUNTRY?
1	Housewife	9		<b></b>		No R	ecord		J	JSA		
13	, FATHER'S NAME				14. MOTHE	'S MAIDEN E						
1		No Recor				No	Reco	rd				
15	m, no, or unknown)	ER IN U.S. ARMED FO (If yes, give war or dates of	service)		INFORMANT			Address				
	No			le to Loda								
		TH [Enter only one cou	rse per line fo	or (0), (b), and (c), ]	547	79th	St Br	ooklyn	N. Y.	ONSET	AND DEA	EN TH
		TH WAS CAUSED BY: IMMEDIATE CAUSE (0)		Fractured	skull					3h	ra 2	Onin
	b.	DUE TO		Closed fract	ure lt	forear	m					
	Conditions, if an			Multiple lac	eration	s of b	oth th	ighs				
	(a), stoting the u			Contusions t	o body	- He	morrha	te and al	nock			
_	couse lost.	(c)								ــــــــــــــــــــــــــــــــــــــ		
ĮĘ	PART II. OTH	IER SIGNIFICANT CON	DITIONS CON	TRIBLTING TO DEATH BU	NOT RELATED	TO THE TERM	INALDISEASE	CONDITION GIVE	EN IN PART	1(a) 19.	PERFOR	NUTOPSY RMED?
\2	00 57750111									YI	ES 🔼	NO 🗆
. CERTIFICATION	20a EXTERNAL CAU PRIMARY 23 or CON CAUSE OF DEATH.	SE WAS	Passes	nger in <b>a</b> uto	(Enter noture of	that h	ilor Port II	of item 18.] ractor t	railer	•		
3	20c. TIME OF INJUR	•	20d. IN	JURY OCCURRED 20s. P	ACE OF INJURY	(Home, form	20f. (City	or fown)	(Coun	ly)		(Stote)
MEDI	Hour o. m.	Apr. 26	157 of work	Nat while 10	Highway		Ru	ral Hage.	rstown	ı W	ssh	Md
	21. I certify th	at I took charge	of the re	emains described at	ove, held o	n Autops	y 🔲, Ir	spection X,	Inquiry	. 🔲 .	and f	ind that
	death resulted	from: Natural	causes 🔲	, Accident 🔀, S	uicide 🔲,	Homicide	☐, Ur	determined co	ause 🔲.			
	1	Rober	-x \	000								
	SIGNATURE_	· (other	1 14	reed	M.D. CHIEF	MEDICAL EX	KAMINER 🗍				DATE SI	GNED
	EXAMINER'S		D-70	rt Wells, M.I	ASSIS	TANT MEDIC	AL EXAMINE		1	+-27	-57	
	NAME (Type)		• Nobel	LC HELLB' Mer	DEPU	TY MEDICAL	EXAMINER 2	9			- 1	
220	REMOVAL (Specify)	N, 226. DATE THEREO	)F 2	2c. NAME OF CEMETERY C	R CREMATORY		22d. LOCAT	ION (City, town, o	r county)		(Stote	)
B	urial	4/30/57	Gr	een-Wood C	emeter		rookl	yn King	a Co	Ner	PY Y	ork
23.	FUNERAL DIRECTOR	_		ADDRESS		240. REC'	D BY REGISTI	CAR 24b REGIS	TRAR'S SIGN	NATURE		4.5
	andrew H	Coffma	n Hag	erstown Md		6ALL	.5419	3/6A4	11.6	700	ver	V

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within Thours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in flem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded 1, the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL "ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar pages of purial, cremation, or removal. VS A15ME(5) 5M 9/55

OBVIESELY Feri & Yan

	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	04548					
	4538	CERTIFICA	ATE OF DEATH	Dr Re	Harshman 302					
	1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived o. STATE		If institution: Residence before admission)					
	Washington	MARYLAND	Maryla	ind Wai	shing ton					
	b. CITY OR TOWN (If outside corporate limits, write RURAL gad give nearest town)	c. LENGTH OF STAY IN 15	c. CfTY OR TOWN (If outside corporate finits, write RURAL and give nearest town)							
	Hagerstown	* Days	// Hageret	cown 养4						
,	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION  Washington County H		d. STREET ADDRESS Cearefose Md.		e. IS RESIDENCE ON A FARM? YES XI NO					
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year					
		Josephine	Hollinger	DEATH April	4 1957					
	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.					
	Female White WIDOWE	- ()	Sept, 5/1869	876.	anths Days Hours Min					
*	10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (Stole o	r foreign country)	12. CITIZEN OF WHAT COUNTRY					
1	House Wife	Own Home	Cearsfos		U.S.A.					
ì	13. FATHER'S NAME		Kathrine	-						
/	Henry Spickler	COCIAL SECURITY NO. 17	NEORMANT	Address						
[Yes, no, or unknown)   118 yes, give war or dates of service)										
Å.			Danial Holli	inger Cear	sfoss 1.d					
	18 CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED 8Y:	e for (a) (a), and (c) ]	Hemmer	, ,	INTERVAL BETWEEN ONSET AND DEATH					
	443 X DUE TO ATTENDOCKERS - Cherce									
	Condition if any which									
	gove rise to immediate cosse (a), stating the under-									
	fying couse last. (c)									
3					YES NO					
	PART P. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	Hour o.m. While	Nat while fo	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)					
	Turas 21 Salvan Color									
	21. I certify that last saw the deceased from 19, to 19, that I last saw the deceased									
	alive an									
1	ACTUAL MICH ON MAN AND STATE OF THE PROPERTY MAN 1/6/67									
	SEGNATURE Y/A/100 3 CCCC									
	Physician's Philip J. Hirshman, M.D. 159 W. Washington St., Hagerstown, Maryland									
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [State]									
	Burial 4/7/57		Cemetery	Cearsfoss.	Md.					
	23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffnan Hagerstown, Md.   246. REGISTRAR'S SIGNATURE   246.									
	Andrew K. Coffman	Hagerstown	, Mu. DATE .	01121 10 ME	MENSON OF					

JEYN K. &

Sci of A9A

DEALLAED

1 PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4576 CERTIFICATE OF DEATH

Reg. Dist. No.

0151	Na <sub>w</sub>
上がた	1
302	~

	e. COUNTY	Washington		MARI	(LAND		rland	b. COUNTY			
	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Rural — Benver Oreek lyr 6 mos				c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural # 1 Beaver Greek						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION # 1 - Hajerstown					d. STREET ADDRES	ss retown				IS RESIDENCE ON A FARM? ES X NO
	NAME OF First DECEASED (Type or print) Mary		McMahon		Hughes	OF		Month April		Year 19 57	
	Female	White	WIDOW		0 🗆	Oct. 26,18		9. AGE (In years lost birthday) 85 yrs			UNDER 24 HRS
10e	antiud most at water	N (Give kind of work ing life, even if retired ewife	dane 10b.	Home	OR INDUS	TRY 11. BIRTHPLACE (S	imore,		12 CITI	ZEN OF V	WHAT COUNTRY
13.	FATHER'S NAME Mic	hael McMah	on			14. MOTHER'S MAID	Prisci	lla Jane I	Daley		
75. 1Ye	i, no or unknown)	R IN U. S. ARMED FOR If yes, give wer or date of s NO	ervice)	none	11	rormant rs. Ethel (	nyder-	(Niece)- Add		· Ore	ek, Md
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)								INTERVAL BETWEEN ONSET AND DEATH		
CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16								P	WAS AUTOPSY PERFORMED? ES NO 2	
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour a. gr.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Yee  None	ar 20d. II	None  NJURY OCCURRED  Not while	20e. PLA	CE OF INJURY (Home, tary, street, affice bldg.	form, 20f. (C		(C	ounty)	(Stote)
W	21. I certify that I attended the deceased from none , 19 , to , 19 , that I last saw the deceased										
	alive on										
	PHYSICIAN'S NAME (Type)		_	Wells, M.D				ewn, Mary			
A	KEMOVAL ISpecify	N, 22b. DATE THEREO	57	Druid ,	ETERY OF	ge cem	1 /12	ATION ICITY. town, o	Le_		[Stole]
23.	FUNERAL DIRECTORS	riverel		Lagers	ku	n Milly	rec'd by regi	957 674	STRAR'S SIG	S S	evers

DECEIVED

BUREAU V. &

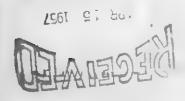
VS A1S (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

8 (14548 Reg. Dist. No. 302

4	539 CERTI	FICATE OF DEATH	Reg. [	Dist. No. 302			
1. PLACE OF DEATH  O COUNTY  WASHINGATON	MARY	LAND 2 USUAL RESIDENCE (Where o. STATE	e deceased lived If institution, Reside b. COUNTY WAS HE				
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town)	mits, write c, LENGTH OF STAY	IN 16 c. CITY OR TOWN (If out	side corporale limits, write RURAL and				
d NAME OF HOSPITAL (If not in hospital OR INSTITUTION  WASHING C-TON		d STREET ADDRESS	MD. 12.2.	e. IS RESIDENCE ON A FARM? YES NO K			
	FIRST Middle	lost	DATE Month OF DEATH APRIL - 5	Day Year . 1957			
FEMALIE WHITE	WIDOWED DIVORCE	DEC. 23-193	3 - 23 -3 -12rs Months				
10a USUAL OCCUPATION (Give kind of word during most of working life, even if reting the life of the li	k done 10b. KIND OF BUSINESS C	6.0	WASH CO.MD.	TIZEN OF WHAT COUNTRY			
ADAM GIZ IS WAS DECEASED EVER IN U. S. ARMED FO	DRCES? 16. SOCIAL SECURITY NO		SOUDERS Address	<u>.                                    </u>			
18. CAUSE OF DEATH [Enter only one	INTERVAL BETWEEN ONSET, AND DEATH						
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE  Conditions, if any, which gove rise to immediate cose (a), stating the under.  DUE	10 days						
, (c)							
PART II. OTHER SIGNIFICANT CO DWARTISM WIT  OR ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT  OF EITHER, NOTIFY MEDICAL EXAMINER	H al a	CCURRED. (Enter nature of injury in Portional Section on 3/5)	100	erm baby.			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not white of work of work of work of work   20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State)							
21. I certify that I attended the deceased fram. 4/1/57, 19, to 4/5/57, 19, that I last saw the deceased alive on 1/57, 19, and that death accurred at 9:15 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED							
PHYSICIAN'S W. H. She	PHYSICIAN'S						
220. BURIAL, CREMATION, 22b. DATE THER		4	2d. LOCATION (City, town, or county)	(Stote)			
23. FUNERAL DIRECTOR'S SIGNATURE  BAST + UNIFIRM! HON	ADDRESS	240 REC'D	BY REGISTRAR 246, REGISTRAR'S S				



BUREAU V. S.

death.

certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. L

7201 II A9A

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

hours after death.

within 24

that the death

BUREAU V. 3.

DECEIVED 1967

death.

BUREAU V. &

7201 / gad

BECEINED

VS A15 (4) 15M 9/55 I

		Item 1570	CERTIFIC	ATE OF DEATH	Da Da		0451	52				
	1. PLACE OF DEATH	2010			here deceased lived. If inst	Reg. Dist. N		<u> </u>				
	o. COUNTY	ington	MARYLAND	Maryland	Charle	NTY	rore comis	lion}				
	b CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16		outside carparate limits, wri		rearest tow	n)				
	RURAL and give ne Breath	edaville	2 Days	1/2 4 61	hos/ Baltimo	re a	į					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	oddress)	d STREET ADDRESS								
F		Reformatory		House/bf/8	Conrection			NO DE				
	3. NAME OF DECEASED	First	Middle	Lost	OF	Month	Day	Yeor				
	(Type or print)	ROLAND		LANCASTER	DEATH Apri		57	19				
	5. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (in ye	Months Doy		Min				
	Male	COLOTE (WIDOW ON (Give kind of work done 10b.				yrı lıa citizeni	OF WALL	COUNTRY				
1	during most of work	ting life, even if retired}	- BUSINESS OK IND					COUNTRY				
,	Labor:	<u>- pr</u>		Baltimor			JSA_					
ŝ	Rolas	nd Lancaster	Sr	Leona	Lincaster							
	15 WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address						
1	Yes		77-22-9385	Mrs reona L	ancaster 3	251 W. N	fount	Ama				
		TH [Enter anly one cause per la	ne for (g), (b), and (c).]	17	Baltimore	Md. III	TERVAL BE					
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CECCUTE COME FOR THE CONTROL OF T											
	00 XX											
	Canditians, if ony, which (b) (b)											
	costs (a), stoting the under-											
	lying couse lost.	) (c) HER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BE	IT NOT BELLYED TO THE TERM	NAME OF THE CONTRACT	CHIEF IN CASE II	In was	AUTOPSY				
	PART II. OTH	ILK SIGNIFICANT CONDITIONS	DONING TO DEATH BO	DI NOI KELATED IO INE IERMI	INAL DISEASE CONDISION	GIVEN IN PART 1(0)	PERFC	ORMED?				
	= 20g ACCIDENT WA	S UNDERLYING 206. DES	CRIBE HOW INJURY OCCUR!	RED (Enter nature of injury in	Part I or Part II of item 18.		I TES [	NO 🗆				
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				,						
	\$ 20c. TIME OF INJUR	Y Month, Day, Year 20d, I	NJURY OCCURRED 20a.	PLACE OF INJURY (Home, form	n, 20f. (City or town)	(Count	γ)	(State)				
	Hour o.m.	19 While of wor	TAOL MULE	factory, street, office bldg., etc	-)							
	21. I certify th	at I attended the deceas	ed from CRACE	3 1957 10 C	Cpc 24 , 19.	5 7 that I last	saw the	deceased				
	alive an C	n 24 , 195	7, and that deat	1 1 15	M, fram the cause							
		010	6		ADDRESS (Street, city or to			ATE SIGNED				
	SIGNATURE	Contest!	Courad	M.D. 137 CC'.	a Clarker	GEL	4	76 7,				
	PHYSICIAN'S NAME (Type)	Pobert?	-107779el	Ha	gentour,	244						
	220. BURIAL, CREMATIO	N, 226. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tov	vn, or county)	(Stat	e)				
	Burial		Baltimore N									
	23. FUNERAL DIRECTOR'		ADDRESS	240. REC'	D BY REGISTRAR 246. R	EGISTRAR'S SIGNAT	112					
	Andrew K.	. Coffman Hag	erstown Md.	April 1	24 1057	(has. R	Luco	26				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. 2!

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

WAY 6 1957

BUREAU V. E.

.7201 8 APA

BECEINED

## DECENTE

BRIEVA A. Z.

7681 OE A9A

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Brewer

04557

4580 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 303

	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived If institutioni Residence before admission)					
0. (	"Sahington MARYLAND				warvland Washingtinn						
b. (	RURAL and give ne		ls, write	c. LENGTH OF STAY IN T		c. CITY OR TOWN (If or	•			nearest to	wn)
-	Big Spring 75 Yrs d. NAME OF HOSPITAL (If not in hospitol, give street address)				A. Big Spr	ing				<u> </u>	
d. {	OR INSTITUTION		ive street	address)		d. STREET ADDRESS				e, 15 R	ESIDENCE A FARM?
	Cove F	load				Cove Ro	ed_				NO 🗌
3 NA	NAME OF First DECEASED		Middle		Last	4. DATE OF	Mon	th	Day	Yeor	
	pe or print)	LUCY		MAY		LONG	DEATH	April	15 1	957	19
5. SEX	(	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED	] 8	. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y		DER 24 HRS.
	erale	White	WIDOW	(A)	_ 1	May 15 187		77 yrs.	Months De	ys Haur	s Min,
10a. U	SUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	ADUS.	TRY 11. BIRTHPLACE Thate	//preign@	by Lynny	12 CITIZE	N OF WH	AT COUNTRY?
	lousewif		,	Own Home		Big Sprin	ig Fu	rnace	1	JSA	
	THER'S NAME					14. MOTHER'S MAIDEN N					-
	John	Hont				Sarah	Borns	220			
15 W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 1	7. IN	FORMANT	DOWE	Addr	965		
(Yes, no	NO I	f yes, gave war or dates of s	ervice) -	None	Mr	s Rosie Doy	rle H	agerato	un ld		
118		Ma Contractor and			ell'o ole	b robre bol					Bettatees)
'	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH										
	IMMEDIATE CAUSE (6) Clear / Virte virtuge / weigh										
	H. A.										
	Conditions, if ony, which by Alphanove Jelnous 343,										
	code (a), stoting the under-										
	lying couse lost. (c)										
ο I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
3	YES NO										
CERTIFICATION	20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING   CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINES]										
	FEITHER, NOTIFY	MEDICAL EXAMINER)									
₹ 20x	E. TIME OF INJURY	Manth, Day, Ye		NJURY OCCURRED 20e	. PLA	CE OF INJURY (Home, farm,	20f. (City	or town)	(Cou	nty)	(Stole)
MEDICAL	Haur a.m.	19	While of wor	k ot work	TOCT	ary, street, office bldg., etc.	'				
	21. I certify that I attended the deceased from Upril 7, 195 / to Upril 15, 195 / that I last saw the deceased										
	alive an ADORESS (Street, city or town, state)  ADORESS (Street, city or town, state)										
AI SI	SIGNATURE A Brid & Briver MD. Clear of bring Md. 4/13/5										
	PHYSICIAN'S DSVID REVOLUCE										
	AME (Type)	1 200		7776		· /·					
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or capital) (Store)											
-	riul	4/17/57	GT		- 1	urn Cenete	ry Gi	een Spr	ing F		20
	NERAL DIRECTOR'S		77 -	ADDRESS	3	24a REC'D	BY REGIST	TRAR 246. REGIS	TRAR'S SIGN	ATURE X	-070
AT	ndrew K.	Collman	uas	gerstown and	l.	DAJEN	111-5	1 /00	bucu.	14.6	wird

BECEINED

BRUTEVA N. Z.

APR SO 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4544 Rea. Dist. No with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) p. COUNTY filed **b** COUNTY MARYLAND Mashington Washington Maryland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate (imits, write RURAL and give nearest town) RURAL and give nearest town) 10 yrs. Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Washington County Hospital ON A FARM? 110 South Locust St. YES NO IN 3 NAME OF First Middle 4. DATE Month Day Year DECEASED LUCE April 19 57 ELIZABETH VIRGINIA (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Davs Hours White April 27.1883 Female WIDOWED KI DIVORCED [7] 73 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Jamestown.Ohio. U.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL Moses Starkey Katherine O'Ferrall nove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mr. Wm. Starkey 1028 Columbia Rd. Hagerstown. Md. None 18 CAUSE OF DEATH | Enter only one couse per line for (o) (b), one (4). INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II) of item 18.1 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) o. m. While Not while of work ot work 🔲 p. m. 21. I certify that attended the deceased from alive ar that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR P ä PHYSICIAN'S J.H.Beachlev W. ashington St. Hagerstown, Md NAME (Type) FUNE 270. BUR AL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) page REMOVAL (Smecify) April 18,1957 Green Hill Cemetery Berryville Va. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24h REGISTRAR'S SIGNATURE Berryville. Va. VS A15 (4) Funeral Home

BUREAU V. S.

VER 18 1825

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

**7**561 81 994.

DECENTED

أوعا

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

PECEIVED 1957

**ADDRESS** 

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

HOSPITAL 0 VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

haurs ofter death

FOUR ANDRESS

BECEINED

7261 88 A9A

BUREAU V. 21 7

04563

Rag, Dist. No.

	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission)					
	" a. COUNTY WASHINGTON MARYLAND			ID	STATE SARYLAND 6. COUNTY ASHT MGTCN						
	b. CITY OR TOWN (If outside corporate simils, write BURAL C. LENG		c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If autside corporate limits, write RURAL and gi						
	end give necrest levin)  R `HRERSVILLE 45		45 YEAR	S	X ROH	RERSV	TITE				
				spital, give street address)		d. STREET ADDRESS	C.JILO Y			e. IS	RES.DENCE
1		SCHOOL R	OAD			SCHO	OL_RO	AD			N A FARM?
	3. NAME OF DECEASED	First		Middle		Last	4. DATE	Meni	th	Doy	Year
	(Type or print)	JESS:	E	V.	]	NICHOLS	DEATH	APRIT.	28 19	57	19
	5. SEX	6. COLOR OR RACE	7. MARRI	ED 📋 NEVER MARRIED 🔲	] a. c	ATE OF BIRTH		9. AGE (In years loss birthday)	IF UNDER 1	YEAR IF UN	IDER 24 HRS.
	male	WHITE	WIDOWE	DIVORCED [	म	EBRUARY 7	T872	85 yrı.	Months D	lays Hour	s Min.
	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND				country)	12. CITIZ	EN OF WHA	T COUNTRY?
1	RETIRED	EMPLOYEE	OF F	31&0.R.R.CO		SAMPLES	MANOR	WASH C	OMD.	ILS /	
	13. FATHER'S NAME				Ī	4. MOTHER'S MAIDEN				<del></del>	
	EM	ANUEL NI	CHOLS	3		MAHAT	A BRO	WN			
	15. WAS DECEASED EV	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INF	ORMANT		Address	5		
,	NO	NONE		NONE	MTS	S ROSE E	NICH	OLS ROH	RERSV	TLLE	MD.
	TB. CAUSE OF DEAT	TH [Enter anly one can	ne per line							INTERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY: arterioscle rotic myocardial hert disease											PPAIII
	PUE TO										
	Conditions, if any, which) (b) myocardial heart failure grade IV										
	(o), stoling the underlying DUE TO										
couse lost. (c)											
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
4	TES NO CA										
	200. EXTERNAL CAL PRIMARY OF OF CON CAUSE OF DEATH.	ISE WAS	b. DESCRIB	E HOW INJURY OCCURRED	. (Ente	er noture of injury in Po	rt f or Port II	of item 1B )			
				none							
	3 20c. TIME OF INJUR	7		1 6	LACE	OF INJURY (Home, fore, street, office bldg., etc	m, 20f. (City	y or town)	(Coun	.ty)	(Stote)
	Hour a.m.	None 19	White of we	e Not while ork of work		none	"	_	/ -		-
	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and find that										
	death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .										
		800 C - 12 CCO									
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER								DAT	E SIGNED	
		ASSISTANT MEDICAL EXAMINER								h	1 001 7
	EXAMINER'S S. Robert Wells, al. D. Deputy MEDICAL EXAMINER (Type)								Apri.	70,10	
	220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CI	REMATORY	27d LOCA	TION (City, town,	or county)	(5)	ote)
	BURTAL	MAY I	1957	ROHRERSVILL	LF	CHMRTHREY	ROHR	ERSVILL	E LAS	H.CO.	MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S							ISTRAR'S SIGN	HATURE )	1		
	WE TROOT	ultal Ho	Me	Domelan	M	a DATEL	6734 C	57 100	alher	ul, a	spucker,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any defay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded toxing Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL CTER: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar property or removal.

9.5

VS. A15ME(5) 5M 9/55

Z .V UABAUG

DECENTED.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH If any delay is necessary, please exente funeral director. Page 4 shauld be crematian 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. countashington Washington Maryland MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town Hagerstown Hrs. Williamsport LEXAMINER: This certifinate stavid to executed within 20 flows after death. If any delay is nect writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, nief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

R: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar pr d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS South Vermont Street Washington County Hospital 3. NAME OF Middle DATE DECEASED OF DEATH April (Type or print) Ray Reardon Oh1 tts 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE [In years lost birthday) Dec. WIDOWED [ DIVORCED K Male Whi te yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Odd Jobs Williamsport .Md. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Prudence Young William John Obitts 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Yes World War 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, If ony, which gove rise to immediate couse DEPUTY MEDICAL EXAMINER: This certifinals should DUE TO (a), stoling the underlying couse last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CERTIFICATION 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJU factory, street, While Nat while a m of work of work p. m. 21. I certify that I took charge of the remains described above, held CTOR: Notural couses I death resulted from: Suicide forwarded Ic.; of TO FUNERAL (CT.) ACTUAL CHI SIGNATURE M.D. ASS **EXAMINER'S** NAME (Type) DEF 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR REMOYAL (Specify) Buria Apri Rivérview Ceme

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE ON A FARM?

YES 🗍 NO 🗗

Year

19 57

Reg. Dist. No.

Day

IFUNDER TYEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

22

USA

Add	o South	vermont a	U
Naomi McCardell	Williams	sport, Md.	
* 11		NTERVAL BETWEEN	
andido			
		for m	
TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED?	
		YES P-NO	
of injury in Part I or Part II of item 18.)			
RY (Home, form, i 20f. (City or town)  office bldg., etc.)	(County	(State)	
on Autopsy 27. Inspection	, Inquiry	, and find that	
Homicide [ ], Undetermine	d couse 🕢 🗂	900	
		DATE SIGNED	
EF MEDICAL EXAMINER	41	. /	
ISTANT MEDICAL EXAMINER		7 >	
UTY MEDICAL EXAMINER			
Y 22d. LOCATION (City, to		(Stote)	
tery Williamsp			
240 REC'D BY REGISTRAR 246. P	EGISTRAR'S SIGNA	TURE	
(16Kgers, 24,175) 6	KAH	Jochen	

VS. A15ME(5) 5M 9/55

RECEIVED

APR 96 1957

BUREAU V. S.

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4550 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 6. COUNTY b. COUNTY Maryland Washington Washington MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR FOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Md. Hagerstown weeks d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARME Washington County Hospital Mc Comas St. YES | NO P NAME OF Middle 4. DATE Lost Month DECEASED OF April Mary Ellen Poffenbarger 19 57 (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 KEX 6 COLOR OR RACE 7 MARRIED P NEVER MARRIED 8 DATE OF BIRTH Months Female White Dec. 23 WIDOWED IT D VORCED [ paper 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A Near Hagerstown Md. Home Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie Ervin William Jacobs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Addigest McComas St Mr. William Poffenbarger Hagerstown Md No None 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c). INTERVAL BETWEEN ONSET AND DEATH Evoroland attractation PART I DEATH WAS CAUSED BY: CINO. IMMEDIATE CAUSE (o) **DUE TO** bete wellites 260 % Conditions, if ony, which (b) gove rise to immediate **DUE TO** nimelotiel-w down Egadorne couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 🕮 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of insury in Port 1 or Port It of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20c TIME OF INJURY Month. 20d INHURY OCCURRED Day, Year (Stote) (County) factory, street, office bldg , etc.) Hour o.m. While Not while at work at work) 21. I certify that I attended the deceased from the 20 . 19/2.that I last saw the deceased alive an and that death accurred at 5 Ά \_M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE Philip Hershman M. D. PHYSICIAN'S FUNERAL NAME (Type) 220 BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) Williamsport Maryland Riverview Cemetery April 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24a REC'D BY REGISTRAR VS A15 (4)



BUREAU V. 2

VS A15 (4) 15M 9/55

	o. COUNTY	o STATE b. COUNTY							
	W4961791072	maryland washington							
	b. CITY OR TOWN (M autside corporate limits, write RURAL and give nearest fown).	c CITY OR TOWN (If outside carporate limits, write RURAL and give hearest town)							
	d. NAME OF HOSPITAL (If not in hospital, give street address)	Hagerstown.							
	OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
- 1	Williamsport Sanitarium	1901 JEFFEY'SON Blud. YES NO DI							
	3. NAME OF First Middle	Lost 4. DATE Month Day Year							
	(Type or print)	RETARIEN OF DEATH CARE 30 1957							
	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS							
	Male WhitE WIDOWED & DIVORCED	Cet 5 1870 Set yrs. Months Days Hours Min.							
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR NOU	STRY   11 BIRTHPLACE (Slote or fareign country)   12. CITIZEN OF WHAT COUNTRY							
1	JANITOR	THEOBSBURG, PENNA. U S.A.							
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
N.	TILL REMALEY	Lucy GUEENS							
A. a	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURTY NO. 17	NFORMANT							
1		LOC CHANGE CADERIAN HAG ERSTEWA							
3									
	18 CAUSE OF DEATH [Enter only one couse per fine for (a) (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: Arteriosclero	tic heart disease with 7 yrs.							
	4 DUE TO congestive fa	ilure							
Conditions if any which \									
	gove rise to immediate								
	Luian cours last								
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY							
_	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?							
0		YES 🗍 NO 🔀							
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Nem 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)								
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	3 20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	Hour o m. While Not while for work of work	ctory, streel, office bldg., etc.)							
	To b	1953, to April 30 1957 that Llast saw the deceaser							
	Ammad 20								
	alive an ADT 11 29 , 19 57 , and that death	accurred ofM, fram the causes and an the date stated above							
	1816/1/20	ADDRESS (Street, city or town, stole)  DATE SIGNED							
1	SIGNATURE O Merch	M.o 148 West Washington St. 4/30/57							
	PHYSICIAN'S TO TO TO	22							
	NAME (Type) B. B. Kneisley, M.D.	Hagerstown, Md.							
	220 BURIAL CREMATION, 226 DATE THEREOF 224 NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) [Stote]							
	BURIAL Specify 5/3/1457 GREEN MOU								
	23 FILINEPAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE							
	R. Tranklin Rouser HAGERS TOWN,	MD. 340,21952 bleastthe							
		They is I'm to wary I respond							

BUREAU V. L

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04567

EUREAU V. S.

TEGI & YAM

BECEINED

2003. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year 20d. INJURY OCCURRED White Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

[County]

21. I certify that I attended the deceased from.

of work Vanis

and that death accurred at 4457

M, from the causes and an the date stated above.

.. 1957, that I last saw the deceased

DATE SIGNED

(Slote)

**ACTUAL** SIGNATUR

PHYSICIAN'S

NAME (Type)

20c. TIME OF INJURY

a.m.

o. COUNTY

3. NAME OF

5. SEX

DECEASED

male

ves

(Type or print)

filed

pe

70

and

campletel

papers

7

burial-transit

g

CTOR

DIRE

FUNERAL DIR

poge

þ

haurs after death.

077799

at work 🗌

ADDRESS (Street, city or town, stote)

REMOVAL (Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Rose Hill Cenetery 22d. LOCATION (City, town, or county)

(Stote)

FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** Hagerstown, Maryland

Hagerstown, Maryland 240\_BEC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE

0 VS A15 (4) 1SM III/5III

103

ENBEVO Nº Z

DECEINED

DATE PAR

Md .

& Son Hagerstown

VS A15 (4)

F. Minnich

DIR

BUREAU V. E.

APR 8 1957

MEGENAED

I

0

10

VS A15 (4) 1SM 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		1551	CERTIF	ICA	TE OF DE	ATH			Reg. Dis	1. No. 03	570
t.	PLACE OF DEATH	AND	2 USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) a. STATE b. COUNTY Washin ton								
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b RURAL and give nearest fawn)					-0-0-0-	ote limits, write R					
$\vdash$	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street	8 years		d. STREET ADD		stown			e. IS RI	ESIDENCE A FARM?
_	217 West	Washington St.				/est	Washi		reet	YES [	NO 🔀
3	NAME OF DECEASED (Type or print)	ROY	PORTER	6	SHREINER		4. DATE OF DEATH	April	th	27	Year 19 57
5.	sex Malle	6. COLOR OR RACE 7. MARR	IED A NEVER MARRIED		DATE OF BIRTH	1884		9. AGE (In years last birthday)	100000000000000000000000000000000000000	YEAR IF UNI	
10		ON (Give kind of work done 10b.	· Lad					72 yrs.	12. CITI	ZEN OF WHA	T COUNTRY
	Retired Sup	ervisor Wes	stern Union	Tele	Chamb	persb	urg.	Pennsylv	ania	U.S.A	
	Sam	Shreiner					rter				
	WAS DECEASED EVER	(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 214-09-7955		ormant S. Sarah	E. S	hrein	Add er Ha <i>r</i> en		Md	
		TH [Enter anly one cause per line that the cause ber line that the cause by the cause to the cau	ne for (o), (b), and (c).]							INTERVAL I	
	Conditions, if or		oronary	, /	Colus	w	3			2,	day
	gave rise to in coase (a), stating I tying cause last.		there &	ch	who ?	Her	ent	Linn	~_	12	4ª
CATION	PART IL OTH	IER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	E TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS PERF YES	ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO 206. DESI	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of in	njury in Po	ort I ar Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Y Month, Day, Year 20d II While at wor	Not while		E OF INJURY I Hor ry, street, office bl			or town)	(Co	ounly)	(Stote)
	Lust	at I attended the deceas	-	/-	1956,	to Ay	- 27			ost sow the	
	actual SIGNATURE	N. EW L	ond that d	leoth o	o.			the causes of city or town,		e date sto	ted above DATE SIGNED
	PHYSICIAN'S NAME (Type)	LEW Dr	In Si		44	LA	dir	my		4/27	15 2
22	REMOVAL (Specify)	N, 226. DATE THEREOF	Rose Hill					on (city/town, o			ote)
23 S		r Funeral Home	ADDRESS Hagerstown		24	la. REC'D	BY REGISTE	AR 245 REGIS	STRAR'S SIG	NATURE	veral

DECEINED IN

BUREAU V. S.

hours ofter death.

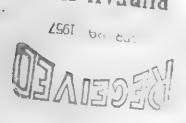
BUREAU V. S.

DECEIVED.

4556 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY WASHING TON Filed p. COUNTY WASHINGTON MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be LIFE HAGERSTOWN 70 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? THETON COUNTY HOSPITAL 619 GEORGE ST. YES NO D E ò NAME OF Middle 4. DATE Manth Year DECEASED KAY DEBORAH SMITH APRIL DEATH (Type or print) 22 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. WHITE lost birthday) Months Doys Hours 4/20/57 WIDOWED . DIVORCED [ FEMALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. MARYLAND INFANT ofter o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HELEN A. EMDDLER CARL E. SMITH mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO HAGERSTOWN NO MD. NONE MRS. HELEN SMITH A. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 70 I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cottse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [7] 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o. m. Not while at wark of work p. m. 4-20 72 68 19 51, to \_\_\_\_\_\_\_that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at \_\_\_\_\_\_\_M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED det ģ ACTUAL PHYSICIAN'S FUNERAL NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 23/57 ROSE HAGERSTOWN MD CEM 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b..REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





V5. A 5M

§ ( M		45 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No. () 4573
f, cremail	セ	a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE  D. C.  D. C.
burio		b. CITY OR TOWN [If out de corporate limits, write NURAL ond give necrest fown]  Smithsburg	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bolling Air Force Base
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  o. 15 RESIDENC ON A FARM YES \( \sqrt{NO} \)
egistror .	3.	NAME OF First Middle DECEASED (Type or print) Richard Eugene	Smith April 20, 19 57
th the			ugust 17, 1934 (22 yrs. Months Days Hours Min.
2 du	100	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  U. S. Air Force	
poges 1		Bengamin E. Smith	4. MOTHER'S MAIDEN NAME Florence Irene Robinson
E P	15	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no. or unknown)  yes  9-11-52 to  16. SOCIAL SECURITY NO. 17. INFO  214-30-1898//rs.	Address Address Florence I. Needy, Smithsburg, Md
a burial-transit permit		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if any, which gove rise to immediale couse (a), stating the underlying cause lost.  DUE TO  (c)	HITERVAL BETWEEN ONSET AND DEATH
so posa	CATION		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES \( \sum \text{NO} \)
9	L CERTIF		or nature of injury in Port I or Port II of igen 18.)
a 3 should	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE foctory, While of work of	OF INJURY (Mome, form, street, office bldg., etc.) (City or town) (County) (Stole)
OR: Pog		21. I certify that I taak charge of the remains described abave death resulted fram: Natural causes, Accident Suicident	, held an Autopsy 🔲 , Inspection 🛂 Inquiry 🔲 , and find th
Q Q			A.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
remo	220	PEXAMPLE 13 Edw. Ditto, Jr., M.D.  20 BURIAL CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR CRI	DEPUTY MEDICAL EXAMINER 2  EMATORY 22d. LOCATION (City, town, or county) (State)
<b>6</b> 9	-	burial 4-23-57 Smithsburg C	·
ME(5) /55	1	Scott F. Minnich & Son, Smithsburg,	100 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



22c. NAME OF CEMETER

L6CUST

ADDRESS

ma recululity angelier

C/	ATE OF DEATH	1		Reg. Dist	. No. 🧉	25	
Ю	2. USUAL RESIDENCE (Who o STATE MARYLAN		d. If instituti	on, Residenc	e before on	(mission)	
16	c. CITY OR TOWN (If a		limits, write R	URAL and gi	va negrest	town)	
	LOCUST	GROVE					
	d. STREET ADDRESS ROHRE	RSVILL	E MD.	R.I	0	RESIDENCE IN A FARM?	
	Lost	4. DATE	Mon	ıth	Day	Year	
		OF DEATH	APRIL	II I	957	19	
	8. DATE OF BIRTH	9. A	GE (In years ast birthday)			INDER 24 HRS	
ןנ	FEBRUARY 28	I885	74 yrs.	Months	Doys Ho	lurs Min	
ADU:	STRY 11. BIRTHPLACE (Stole	ar foreign countr	y)	12 CIT!	EN OF W	HAT COUNTRY?	
IR	CHAFT LOCUS	T GROV	E WAS	H.CO.	MD.U	.S.A.	
	14. MOTHER'S MAIDEN N		-				
	ANNA GR	OSS					
7. II	NFORMANT		Add	ress		_	
Ι	MRS MYRTLE	SMITH :	ROHRE	RSVIL	LE M	D.R.I	
	of Pront	tate				L BETWEEN	
Y	- 1700 m	au				igno	
-7	mellele	Ly.			18	noult	
SUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART	PE	AS AUTOPSY	
RREC	Enter nature of injury in P	ort I ar Port 11 a	item 18.)	********			
, PL/ Fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or t	own)	(Co	ounty)	(State)	
	£ 195 / 10 /4	in II	1947	that I lo	ist saw t	he deceased	
oth accurred at Z-M. M, from the causes and an the date stated above.							
	1	DDRESS (Street,			41	DATE SIGNED	
	M.D	oous	Bred		7/	13/5/	
			a.	1		7	
			62	4			
YO	R CREMATORY	22d. LOCATION	(City, town, o	or county)	(	State)	
RC	VE CEMETERY	Locus	T GRO	VE WA	SH.C	O.MD.	
	24a. REC'D	BY REGISTRAR		TRAR'S SIGN	NATURE		

VS A15 (4) 15M 9/SS

220. BURIAL, CREMATION,

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

TOR

VECEINED IN 1957

BUREAU V. S.

B

141

ARYLAND	STATE DEPARTMENT OF HEALTH—BAL	TIMORE, 18 De	20144
4557	CERTIFICATE OF DEATH	04573	Ditto
XOO1	CERTIFICATE OF DEATH	Reg. Dist. No.	302

Jr.

M

1. PLACE OF DEATH o. COUNTY Washington	2 USUAL RESIDENCE (Where deceased fived if institution Residence before admission) o. STATE b. COUNTY Washington							
b CITY OR TOWN (If outside carparate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL ond give negres fown) Hagerstown	Hagerst							
d NAME OF HOSPITAL (If not in hospital, give street	22 Years	d STREET ADDRESS	04411	e IS RES DENCE				
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 1113 Salem Ave			Salem Ave	ON A FARM?				
		1113	Datem vac	YES NIKKX				
3. NAME OF First	Middle		4. DATE Month	Day Year				
(Type or print) R <sub>e</sub> E <sub>•</sub>	= }	pessard	DEATH April	25,1957 19				
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min				
Male White Wibow		Oct, 18, 1907	49 yrs	Months Days Hoors Min				
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Spale of	toreign country)	12. CITIZEN OF WHAT COUNTRY?				
	angborn	Hagerate		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
Cleggett Spessar		Annie	Whitmore					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown)   (If yes, give west or date of service)	. SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	38				
no no 21	9-12-0399 Mr	s Mildred Sp	essard 1113	Salem Ave				
18. CAUSE OF DEATH [Enter only one couse per I	ine far (a), (b), and (c).]	Hagers	town Ld.	INTERVAL BETWEEN				
PART 1. DEATH WAS CAUSED BY.		*****	00011	ONSET AND DEATH				
1 8 0 X DUE TO		1/.	,					
Conditions, if ony, which )	Carenon	0- 15, -	/	17200				
gave rise to immediate		1 (19)	my	1 / 1110				
couse (a), stating the under DUE TO		4						
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119. WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
<u> </u>				YES NO E				
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Part II of item 18.)					
3 20c TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 200 PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)				
ZOC. TIME OF INJURY Month, Day, Year 20d. Haur o. m. p. m. 19 at wo		ctary, street, affice bldg., etc.)						
		260 . 21	5 2 3 · · · · ·					
21. I certify that I attended the decea	- " /*****	,019		that I last sow the deceased				
alive on 7 7 7 7 195	ond that death			d on the date stated above.				
ACTUAL A SALL A	0 /		DDRESS (Street, city or town, ste	ole) DATE SIGNED				
SIGNATURE	emi)	M.D.	MINNE "	14 7/23/57				
PHYSICIAN'S NAME (Type) Les The L	Outo	Hogu	stown m	1 4/25/57				
220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or	coully) (Sile)				
Burial April 27/	57 Rose Hil	1 Cemetery	Hagerstown	Md				
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REGISTRAR 246, REGISTRAR'S SIGNATURE								
Andrew K. Coffman Hagerstown, Md. one 30.1957 ChasffBoures								

DECEIVED

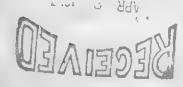
BUREAU V. S.

VS A15 (4) 15M 9/55

I

	7,8,14:6214 4-30-5714558 CERTIFICA	ATE OF DEATH  Reg. Dist. No. 302
	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Md. b COUNTY .Balto.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown  Lyear	Baltimore City
*	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Garlock Memorial Home	d. STREET ADDRESS 3331 Virginia Ave.  "IS RESIDENCE ON A FARM?" YES \( \sum \) NO \( \sum \)
	3 NAME OF DECEASED (Type or print) Edith Kirl (	Eylvester OF April 1, Doy Year 57
	female   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  1876  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS    Months   Days   Hours   Min
/	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  NOTE: NO	STRY 11 BIRTHPLACE (Stote or foreign country) Baltimore City, Md.
	13. FATHER'S NAME  Edward Perkins	Alice E. Week's Meakin
0	[Yes, no. or unknown] s [If yes, give wor or dates of service]	Mormani Address lmer Sylvester, Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one couse per lime for lo), (b), and (f)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gave rise to immediate couse (c), stoting the under-lying couse lost.  Conditions, if any, which gave rise to immediate couse (c), stoting the under-lying couse lost.  Conditions, if any, which gave rise to immediate couse (c), stoting the under-lying couse lost.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
SP N	N N	PERFORMED YES NO  NO  (Enter noture of injury in Port 1 or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., elc.)	
1	ACTUAL State Spacely	ADDRESS (Street, city or town, stole)  DATE SIGNED  M.D.
	PHYSICIAN'S Jack H. Beachley, M.D.  220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY O	221 W. Washington St., Hagerstown  R CREMATORY 22d LOCATION (City, fown, or county) (Stote)
	burial (Specify) 4-4-57 Loudon Par) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Baltimore City, Md.
	Scott F. Minnich & Son, Hagerst	own, Md. 14.1957 Chastillowers

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. 2

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
		ATE OF DEATH Reg. Dist. No. 302
EFR 1	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. STATE Maryland b COUNTY Washington
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Hagerstown  55 yrs.	c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)  Hagerstown
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4 East Antietam St,	d. STREET ADDRESS  / 4 East Antietam St.    description of the standard of the
	3. NAME OF First Middle DECEASED (Type or print) BERT IE MAY	TAYLOR DEATH April 25 19 57
1	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  Feb. 24, 1883  9. AGE (In years last birthday) 74  yrs.    IF UNDER 1 YEAR   IF UNDER 24 HRS   Manilla   Days   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  Housewife  Own Home	
1	13. FATHER'S NAME Alex Myers	14. MOTHER'S MAIDEN NAME Della Myers
	I Yes, on, or unknown) . Iff was nive way or dates of services	J.W.Taylor 4 E.Antietam St. Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	heart dailure interval Between Onset and Death
	Conditions, if any, which gave rise to Immediate case (a), stating the underlying cause last.	inte C- VIlle ze - an, Ynen
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. Pl	ACE OF INJURY (Hame, farm, 20f. (City or lawn) (Caunty) (State) ctory, street, office bldg., etc.)
	3., 1949, to Agril 25, 19-7, that I lost saw the deceased accurred a 2334 M, from the causes and an the date stated above ADDRESS (Sireel, city or town, state)  DATE SIGNED	
- /	PHYSICIAN'S L.L.Packer M.D.	145 W. Washington St. Hagerstown, Md.
=	220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 4/27/57 Rose Hill	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rest Haven Funeral Chapel Inc. Hagerstow	n. Md. 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

RECEIVED

BUREAU V. S.

VS A15 (4) 15M 9/55

andrew K. Coffman Hagerstown Lid

I

45	60	CERTII	FICA	ATE OF DEATH	r W Layman	Reg. Dist. No.	14578	
1. PLACE OF DEATH O. COUNTY Washington		MARYI	LAND	2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)  STATE  MARYland  Washington				
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	n limits, write	c. LENGTH OF STAY I	IN 15	c. CITY OR TOWN (IF ou	stride corporate limits, write f	URAL and give nec	prest fown}	
Hagerstown		9 mee!	ks	Hager	stown			
d NAME OF HOSPITAL (If not in hospital Nartin Manor Nur	tal, give street	oddress) Home		d. STREET ADDRESS	Locust St		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) E1.17.	First	Middle JANE		Lost TOWSON	4. DATE MOI OF DEATH April	28 195'		
5 SEX 6. COLOR OR R	ACE 7- MARR	RIED THEVER MARRIE		B. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER TYEAR	IF UNDER 24 HRS	
Female White		146		Feby 9 1877	80 yrs	Months Days	Hours Min	
10a USUAL OCCUPATION (Give kind of a during most of working life, even if re	wark dane 10b.	KIND OF BUSINESS OF	R INDUS	STRY 11, BIRTHPLACE (State of	or foreign country Pa.	12 CITIZEN C	F WHAT COUNTRY?	
Housewife		Bwn Home		Six Mile Ru	un Bedford	od us	SA	
13 FATHER'S NAME				14. MOTHER'S MAIDEN NA				
Thomas Fo	ster			No Rec	oord			
15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.	17, 1	NFORMANT	Add	ress		
No	-	None	M:	rs Anna E. I	Everly 249	So Loon	at St	
18 CAUSE OF DEATH [Enter only o	ne cause per lir	ne far (a), (b), and (c).)			Hagerstown	INTI	ERVAL BETWEEN	
PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: SE (a) Bin'	idemoid	Can	cinoma of B	ladder	7	months	
7 80% 4	JE TO							
Canditians, if ony, which	(b)							
gove rise to immediate Ot costs (a), stating the under-	JE TO			1100 1100 100				
lying cause lost.	{c}							
PART IL OTHER SIGNIFICANT	CONDITIONS (	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(o)	P WAS AUTOPSY	
Arterioscle	rotic !	heart dis	900	e 14 n	onths		PERFORMEDZ	
PART II. OTHER SIGNIFICANT  Arterioscient  200. Accident was underlying in contributing in cause of de (if either, notify medical examination)	ATH (IER)	CRIBE HOW INJURY OC	CCURRE	D. (Enter nature of injury in Po	ort I or Part II of Item 18.)		-	
ZOC. TIME OF INJURY Month, Day.	Year 20d, It While at work	Nat while	20e. PL/ foc	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
21. I certify that I attended	the decease	ed from Tox		1057 to /I	08 10 E	7thet Llest o	the december	
alive on 4-27-57				occurred at 100A				
dive dil steam of the state of	7/	incompany district	Gedill		_JYI, FIGITI THE COUSES ( DDRESS (Street, city or town,		re stated above.  DATE SIGNED	
ACTUAL	Jaym	10			essional Ar	·	1. 04	
		man, A.D.		Hagerstow			aryland	
22a. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify)		22c. NAME OF CEME			22d. LOCATION (City, fown,	or county)	(Stote)	
	57	Rest Have	en (	Cemetery	Hagerstown		lo Md.	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D	BY REGISTRAR 245. REGI	STRAR'S SIGNATUR	E A	

B

MAPYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18

US VIZOZIA

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Dr. Harrison **CERTIFICATE OF DEATH** Reg. Dist. No. 302 Filed wit 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. State Waryland o. COUNTY **b.** COUNTY MARYLAND Washington b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give neorest town)
Hagers town Weeks Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 225 Mill Street Washington Conuty Hospital YES NO X 3. NAME OF Middle 4. DATE Month Year DECEASED DEATH (Type or print) April 1957 Nellia Virginia Turner IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Female DIVORCED [7] 46 WIDOWED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Martinsburg, W. Va. U.S.A. Own Home House 13. FATHER'S NAME Koontz Bessie V iding physicis John Mvers IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Aridinass Raymont S. Turner \$25 Mill Street None No 18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 104/2 IMMEDIATE CAUSE (a) 56X **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? econdaly anounce YES INO I 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m. 195 /that I last saw the deceased 21. I certify that I attended the deceased fram, and that death occurred at 4 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 318 No Potomac St AAL DIRE should Hagerstown PHYSICIAN'S Dr Paul Harrison NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Rose Hill Hagerstown. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 246\_REGISTRAR'S SIGNATURE Andrew K, Coffman Hagerstown, Md. ISM 9/55

BUREAU K. & 1957
APR 5 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEIVED.

456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH is necessary, please exe-ector, Page 4 shauld be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Washington bre Tvand MARYLAND b. CITY OR TOWN (If outs de corporate finits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) and give nearest town) Hour RURAL Pinesburg Hagerstown director, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE registror pri Williamsport Washington County Hospital YES NO D NAME OF Middle DECEASED (Type or print) Dona.ld Edwin Wetzel DEATH April 26 1957 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9, AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Min. Male White October WIDOWED [ DIVORCED | co. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo ond o USA Sheet Metal Worker Fairchild Aircraft Hagerstown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harvey William Audrey Acord Wetzel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 718-01-433 Mrs. Mabel Yes Warll Wetzel Williamsport.Md.RFD# 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute Corons ry Occlusion DUE TO Arteriosclerotic coronary heart disease Conditions, if ony, which pencil along v buriaf-t gave rise to immediate couse **DUE TO** (o), stating the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY FICATION PERFORMED? NO [ 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY C or CONTRIBUTING CAUSE OF DEATH. ward " | Exami None should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) rriting the w factory, street, affice bldg., etc.) o. m. While Not while none at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy []. Inspection X. Inquiry and find that TOR: deoth resulted from: Notural couses 7, Accident , Suicide . Homicide . Undetermined couse 5 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forworded to FUNERAL ASSISTANT MEDICAL EXAMINER S. Robert Wells, M.D. **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 Lawn Cemetery Williamsport Maryland Buria Green SUNERAL DIRECTOR'S SIGNATU **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Ma 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

Set I YAN

BECEINED

4564 CERTIFICATE OF DEATH

04581

1		Reg. Dist, No.						
	1. PLACE OF DEATH 0. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) o. STATE Md b COUNTY Wash						
	b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	Map 116						
	RURAL and give nearest fown) Hagerstown life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown						
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE						
	Washington County Hospital	4 Downsville Pike						
	3. NAME OF DECEASED (Type or print) James First Middle Frank	Wiebel, Sreath April 14, 19 57						
	5. SEX  6. COLOR OR RACE  7. MARRIED MEYER MARRIED WIDOWED DIVORCED DIVORCED	March 1, 1893  9 AGE (in years of UNDER I YEAR IF UNDER 24 HRS lost birthday) O4 yrs. Months Days Hours Mn.						
1	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  rural carrier  post office I							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
. `	Augusta Wiebel	Henrietta Jones						
1	I Yet, no. or unknown) a fill was must use no deter of secural	Informant Address Mrs. Helen Wiebel, Hagerstown, Md.						
*	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH 1.2 Man.							
	Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying cause lost.  (e) Gerrier Car	Checamperisition 10 yes						
	CATE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)						
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)						
21. I certify that I attended the deceased from Feb. 18. 1957, to Repo. 14. 1957, that I loadive on 17. 14. 1957, and that death occurred at 6. 35. M. from the causes and on the								
1	SIGNATURE Silver W. W. HITTE	-M.D. 312 W. Washington St. 4/15/5						
	PHYSICIAN'S Edward W. Ditto, III, M.							
	220 BURIAL CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY ROSE Hill	(5.5.5)						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE						
	Scott F. Minnich & Son. Hagersto	wn. Md. 664 181957 LEANHITMAN						

THE HOSPITAL OR ATTENDING PHYS AN: The lam requires that the death certificate be executed within all have after death. Page 4 may be relained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

IIS A15 (4)

OECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. L

APR 22 1957

BECEINED

CERTIFICATE OF DEATH 4566 Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) P. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neases town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE 3. NAME OF Middle 4. DATE Day Month Year DECEASED (Type or print) DEATH 19 5 S. SEX 6. COLOR OR RACE 7. MARRIED TO SEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours DIVORCED [ WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stolg or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, everyif retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17\_INFORMANT Bu 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: 2-4 my IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INDURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) B. ft. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death accurred of 7:20/M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL HAGERSTOWN. MARYLAND APRIL SIGNATURE P bu PHYSICIAN'S RICHARD T. BINFORD M 135 POTOMAC AVENUE HAGERSTOWN. NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246\_REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

RPR 15 1957 RICHARD T. BINFORD, M.S. 1135 POTOMAC AVENUE HACKSTOWN, MARYLAND

Verelland 1. 100mg "